MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03924 CERTIFICATE OF DEATH executed within 24 hours after death funeral I and 2 er deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Maryland b. COUNTY o. COUNTY Montgomery Montgomery after MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 papers. Pagi hin 72 hours c write RURAL and give nearest town)
Silver Spring DOA Silver Spring e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS .5 filled Holy Cross Hospital 1009 Nora Drive YES NO NAME OF Middle 4. DATE Month Day Year Lost remove tarban First completely DECEASED 19 67 March 16 Regan loseph event (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours Male White WIDOWED DIVORCED July 15. 1900 66 Onv and 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) þe ond in COUNTRY? pleose during most of working life even if retired) C. Government physician Washington, D. C. U. S. A. OR ATTENDING PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal eu Timothy B. Regan Johanna Regan ottending p 17. INFORMANT 1000 Nora Drive WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes\_na, ar unknawn) (If yes give war or dates of service) permit. 577-07-9967 Mrs. Mildred O. Regan Silver Spring, Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (ε).) signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). be retained by the hospital or attending physician. DUE TO signed Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause as the prior to has been last. use as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) with the Stote Dept. of Health NO certificote 10 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Not While at wark at wark pe 194 V. to 16 marge 21. I certify that (1) (this haspital) attended the deceased fram. 19/ 6 and that death occurred of All Marion causes and on the dote stoted obove saw the deceased alive on, FUNERAL DIRECTOR: 22b. DATE SIGNED 22n SIGNATURE ATTENDING director, page 3 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 006 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION. (County) (State) REMOVAL (Specify) Gate of Heaven Cemetery 1967 Silver Spring Montg. 0 oma8434 ADDRESS Georgia Ave. 250 RECT BY REGISTRAR Silver Spring, Md. DATMAR 2 2 15 VR A15 (4) Pumphrey, Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

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#### CERTIFICATE OF DEATH

03923

	place of Death o. County				2. USUAL I a. STATE	ESIDENCE (Where o		nstitutian: Reside	ence before	odmission)
	Mor	ntgomery		MARYLA	AND Vi	rginia	D	LOUNIT		~
	b. CITY OR TOWN	(If autside carparate limits	5,	c. LENGTH OF STAY IN	ib c. City OR	TOWN (If outside co	ırparate limits, wr	ite RÜRAL and g	ive neorest	town)
	Be	nd give negresi town) ethesda		7 days	Fa	lls Chur	ch	8	3-3	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in haspital, giv	re street address)	d. STREET	DDRESS			e.	IS RESIDENCE ON A FARM?
Tr	ne Clinic	cal Center,	Bethese	la,Md. 200]	14 22	06 Pimmi	t Drive		у	ES NO X
1	NAME OF DECEASED		tai	Middle	Lasi	0	F	Month rch	Day	Year 19 67
h	(Type or print) SEX	6. COLOR OR RACE	7. MARRIED A	Lynne  NEVER MARRIED	Rice  B. DATE OF B		9. AGE (In ye		10,	IF UNDER 24 HRS.
-	Temale	White	WIDOWED [	DIVORCED		uary 194	last hirthd	oy) Manths yrs.		Haurs Min.
10a	. USUAL OCCUPATIO	N (Give kind of wark done life, even if retired)		D OF BUSINESS OR USTRY	11. BIRTHP	LACE (County & State		] 12.	CITIZEN OF TOURING ?	TAHW
	FATHER'S NAME				14, MOTHE	S MAIDEN NAME				
	Jav C.	. Rayner			Mar	garet Wo	ods			
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 50	OCIAL SECURITY NO.		he Medic		ddress	-	
	es, no, or unknown) No	(If yes give wor or dates of	at service) Not	t available					arvla	nd 2001/
F		DEATH (Enter anly one cou	use per line far (	a), (b), and (c),)	TIME OTT	CAL CON	OCT POO	HODGE JE	INTER	RYAL BETWEEN
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE	Deserv	dom <b>on</b> as Se	pticemia				29 NSE	THOUSE SH
	2043	DUE	(0)							
İ	Canditions, if any			rectal Abs	cess				24	Hours
	nise to immedio	te cause (o), (	1-7							
	lost.		(c) Acut	e Lymphocy	tic Leuke	mia			18	Months
TION	PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELAT	IED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1	(a)	F	NAS AUTOPSY PERFORMED?
1 45									163	
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESC	CRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Part 1 c	or Part II of item	18.)	163	
MEDICAL CERTIFICA	OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF IN. Hour a	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Manth, Doy, Year		URY OCCURRED 2	CURRED. (Enter noture 20e. PLACE OF INJURY factory, street, aff	(Hame, farm,	or Part II of item		Caunty)	(State)
MEDICAL CERTIFICA	OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF IN. Hour a P	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Manth, Doy, Year .m. 19  Tify that 10 (this hos	20d. INJ While at work	URY OCCURRED 2 Not While at wark cell the deceased for	20e. PLACE OF INJURY factory, street, aft	(Hame, farm, ice bldg., etc.)	20f. (City or to	wn) (0	Caunty)	(State)
MEDICAL CERTIFICA	OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN. Hour a P  21. I cert saw the c	G DCAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manih, Doy, Year .m. 19 iffy that 10 (this hos deceased alive on 1	20d. INJ While at work	URY OCCURRED 2 Not While at wark cell the deceased for	20e. PLACE OF INJURY factory, street, aft	(Hame, farm, ice bldg., etc.)	20f. (City or to	vn) (0	Caunty) 9_67 the the date	(State)  at (X) (we) last stated abave
MEDICAL CERTIFICA	OR CONTRIBUTING (IF EITHER, NOTIF  20c. TIME OF IN. Hour a p  21. I cert  saw the c  22g. SIGNATURE	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Manth, Doy, Year  .m. 19  iffy that (1) (this has deceased alive on 1	20d. INJ While at work	URY OCCURRED 2 Not While at wark cell the deceased for	20e. PLACE OF INJURY factory, street, affirm March and that deoth oc ATTENDI	(Hame, farm, ce bldg., etc.)  3 , 19 6 curred at 3:4	7, to Mar OM, fram ca	vn) (( ch 10 ) ( uses and an 22b.	County)  O 67 the the date  DATE SIGNE  March	(State)  at (2) (we) last stated abave 12967
MEDICAL CERTIFICA	OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN. Hour a P  21. I cert saw the c	G D CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manih, Doy, Year .m. 19 iffy that (1) (this hos deceased alive on 1	20d. INJ While at work	Not While at wark   2   2   2   2   2   2   2   2   2	20e. PLACE OF INJURY factory, street, affirm March and that deoth oc M.D. PHYS.	(Hame, farm, ice bldg., etc.)  3 , 19 6 curred at 3:4	7, to Mar O M, from co	vses and an  22b.  22b.  Center	County)  9_67 the the date DATE SIGNE March, Nati	(State)  at (X) (we) last stated abave to 1967
MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIF  20c. TIME OF IN. Hour a p  21. I cert saw the c 22g. SIGNATURE  22c. PHYSICIAN. AME (Typ)	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Doy, Year  m. 19  lify that (0) (this has deceased alive on	20d. INJ While at work spital) attende March 10	Not While at wark   2   2   2   2   2   2   2   2   2	20e. PLACE OF INJURY factory, street, affirm March and that deoth oc M.D. ATTENDI PHYS. 22d. A Inst	(Hame, farm, ice bldg., etc.)  3 , 19 6 curred at 3:4  NG DIRECT DIRECT DIRECT 23	20f. (City or to	ch 10 19 uses and an 22b. Center, Bethes	County)  O 67 the the date DATE SIGNE March Nati Sda, Ma (County)	(State)  at (X) (we) last stated abave to 1967
WEDICAL MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF IN. Hour a p  21. I cert saw the c  22g. SIGNATURE  22c. PHYSICIAN NAME (Typ)	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Year .m. 19 lify that (1) (this hos deceased alive on	20d. INJ While at work spital) attende March 10	Not While at wark   19 67, or   2 68, MD.	20e. PLACE OF INJURY factory, street, affirm March and that deoth oc M.D. ATTENDI PHYS. 22d. A Inst	(Hame, farm, ice bldg., etc.)  3 , 19 6 curred at 3:4  NG DIRECT DIRECT DIRECT 23	7, to Mar O Mar O M, from co P STAFF OR PHYS. Tinical f Health	ch 10 19 uses and an 22b. Center, Bethes	County)  O 67 the date of the date SIGNE March, Natisda, Ms  (County)	(State)  at (X) (we) last stated above 1967  onal aryland (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after alleath TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

214 3 65650 4 8 3 1 1 5 m ALCOHOLD THE COURT OF THE COURT Marie County Cold Andre Harris of the State of the Locality type of the The second of th and the state of t e de la companya de l Special and advantage of the second s

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## CERTIFICATE OF DEATH

03924

	CE OF DEATH OUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (When	e deceased fived, if institution: Resi a.d. b. COUNTY M.C.	idence before odmission) ontgomery	
	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Bethes	e corporate limits, write RURAL and	give neorest town)	
	Bethesda			ia,	15 /	
d. N.	AME OF HOSPITAL OR INSTITUTION (If not in hospi Suburban Hospital	ital, give street address)	d. STREET ADDRESS 4977 Be	attery Lane Apt	e, IS RESIDENCE ON A FARM? YES NO 4	
3. NAN		Middle	Lost 4	DATE Month	Doy Year	
DEC! (Typ	EASED Ruth e or print)		chards	OF March	20, 1967	
s. sex Fe	male 6. COLOR OR RACE 7. MARF		8. DATE OF BIRTH	- last birthdoy) Month		
during n	UAL OCCUPATION (Give kind of work done nost of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & SI		COUNTRY?	
	THER'S NAME		14. MOTHER'S MAIDEN NAM			
(	Joseph Walter	s Jones	Margaret	Sherm	an	
	AS DECEASED EVER IN U.S. ARMED FORCES?	101 00 00110/01010111111111111111111111	INFORMANT		cville, Maryla	
	o, or unknown) (If yes give wor or dates of service)	151-34-7374 38	ames A. Richa	ards -son- 1620	Burriss Rd	
18	CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	e-for (a), (b), and (c).)		Λ.	INTERVAL BETWEEN ONSET AND DEATH	
	DUE TO	1/ 1	C 10	5		
Co	nditions, if any, which gove ) (b)	myelozeneous	Ollercos	out to	3/1	
	rise to immediate couse (o), stating the underlying couse DUE TO					
las						
PA	RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART I(0)	PERFORMED? YES NO	
OR OR	o. ACCIDENT WAS UNDERLYING [] 20 CONTRIBUTING [] CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	I or Part II of item 18.)		
MEDICAL 20	Hour o.m.		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)	
	21. I certify that (I) (this haspital) a saw the deceased alive on 3-1	ttended the deceased from_ 919_67, and tha	11-23-, 19 <u>6</u> it death occurred at_	M, from causes and a	1964, that (I) (we) last n the date stated abave.	
2:	2a. SIGNATURE Day on		D. PHYS. DIR	STAFF	DATE SIGNED	
2	2c. PHYSICIAN'S NAME (Type) W. T. Joyce		22d. ADDRESS 4977 Bat	tery Lane Be	thesda, Md.	
23o. B	URIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)	
Cr	emation 3/20/67	Cedar Hill		Prince George		
	UNERAL DIRECTOR	1 300 RESS Rock I		1291		
Tys	on Wheeler Funeral F	Iome Rockville,	Mar lanMAR	2 3 1967 Jelian	res Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye varban papers. Pages I and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in appearin, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66 ATATORIC SEAMORE

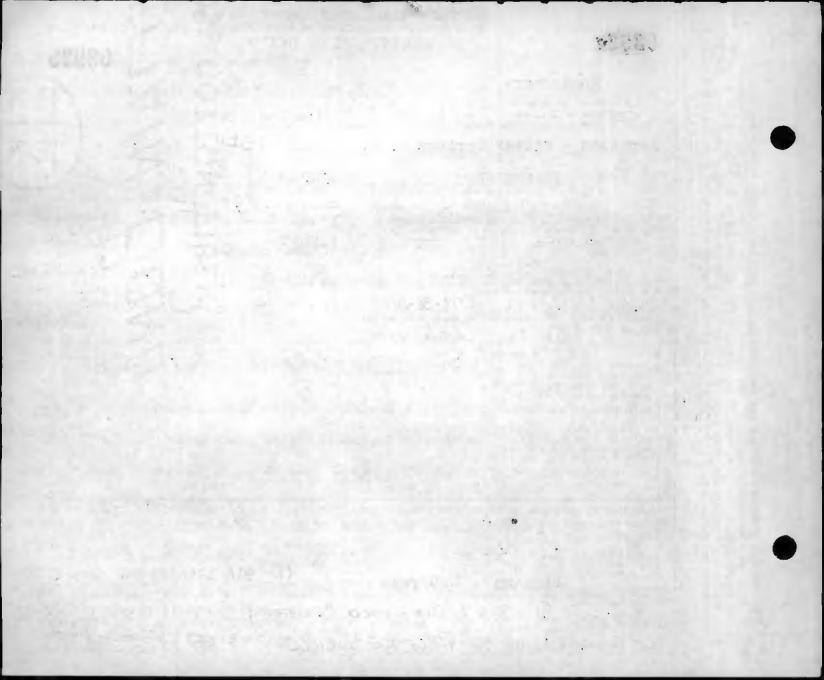
TO HOSPITAL OR ATTENDING PHYSIGIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after leading

		MARYLAND S						
DIVISION OF	STATISTICAL	RESEARCH AN	D RECORDS,	301 W.	PRESTON	STREET,	<b>BALTIMORE 1</b>	, MARYLAND
03927		CER	TIFICATE	OF	DEATH			

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution decision)
		a. STATE D. C. b. COUNTY
	b. CITY OR TOWN (if outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		WASHINGTON 47.3
		I d. STREET ADDRESS
1		O = = ON A FARM?
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) ERNESTINE R(	DBERTSON DEATH MARCH 24 1967
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS. last birthday)   Months   Days   Hours   Min.
	WIDOWED   DIVORCED	8-13-1891 75 yrs.
10a	USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
		WASH. D.C. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ERNEST SEBULD	EDNA JOHNSON HENNECKE
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	(NICONALA NY
(Ye:		IRGINIA HAUSSLER MIANHASSET, H.Y.
1		INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) CANNOT CEL	
	DUE TO	colonie malegrana
		colone malymany
-	cause (a), stating the DUE TO	
-	underlying cause last. (c)	
힐	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	Myllord meta blessen	YES NO
	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of item 18.)
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
중	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
ă	White Thou while	ory, street, office bidg., etc.)
Σ		And was a fire a fillion of the first of the man had been
	26. 17	1963, to well ac, 1967, that (i) (we) last
		death occurred at AM, from the causes and on the date stated above.
	River OV Marie	ATTENDING MED. STAFF
	The state of the s	D. PHYS. DIRECTOR PHYS.   Wenty   6/
i	NAME (Type)	(L 916 19th Stanw Wash, DC
1	TUILED	
238	REMOVAL (Specify)	
	BURIAL 13-28-67 GLENWOOD	
20.7		
24.	SEE FUNERAL LIONE 300 4543T, N.E. L.	25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	33. 5. 1020 MEDICAL CERTIFICATION 13. 15. (A. C.	ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Bethesda — Silver Springs N. H.  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Bethesda — Silver Springs N. H.  3. NAME OF First MARRIED NEVER MARRIED DIVORCED OR RACE 7. MARRIED NEVER MARRIED DIVORCED OR RACE 7. MARRIED NEVER MARRIED DIVORCED OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED OR RACE 7. MARRIED NEVER MARRIED DIVORCED

VR AIS (4) 20M 1/65



Items 18&21 Film 388 5-10-6 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03928 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MONTGOMERY a. COUNTY ond 3 ta M3. Page of MONTOGMERY MARYLAND with the State Department within 72 haurs after deat c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carporate limits, C. LENGTH OF STAY IN 1b 2, c. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) TARK e. IS RESIDENCE ON A FARM? in pencil in Item 18. Give Poges 1, ROANOKE YES NO [ 24 hours after death. Office olong with 3. NAME OF First Middle DATE Year Last OF DEATH DECEASED NONE (Type or print) IF UNDER YEAR IF UNDER 24 HRS. SEX X 7. MARRIED NEVER MARRIED last hirthday) Months Days Haurs WIDOWED DIVORCED land 2 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? wing most of working life, even if retired)

GARDNER-(ETIRED) INOUSTRY MARYLAND MOTHER'S MAIDEN NAME e, writing the word "pending" in pencil in forwarded to the Chief Medicol Exominer's pages in a sy 13. FATHER'S NAME This certificate shauld be executed within File INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, na, or ynknawn) (If yes give war or dates af service) ar remaval, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Congestive heart IMMEDIATE CAUSE (a) failure buriol, cremotion, DUE TO Arteriosclerotic heart disease Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO be 5 4 should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) agent, prior 3 should PRIMARY ar CONTRIBUTING CAL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year YOUr Hour a.m. factory, street, affice bldg., etc.) Nat While may be retained far your FUNERAL DIRECTOR: Page at work its designated 21. I certify that I taak charge of the remains described above, held an Autapsy and in my opinian Inspection Inquiry Natural causes Accident Suicide Undetermined manner death resulted wim: Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED **SIGNATURE** TO DEPUTY Heolth or **EXAMINER'S** (try (town or county) NAME (Type) the NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. LOCATION 50 REMOVAL (Specify) 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

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Divîs

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03929

CERTIFICATE OF DEATH

03927

		PLACE OF DEATH					2. USUAL RESIDENCE (	(Where dece	ased lived, i			te before odn	nission)/
٠	(	o. COUNTY MO	ntgomery			MARYLAND	o. STATE Virginia b. COUNTY						
		b. CITY OR TOWN (	If outside corporate limit	5,	C LENGTH OF S		c CITY OR TOWN (If o	-		write RURAL	ond give	neorest low	vn)
		write RURAL and Beth	esda (rur	al)	19 0	lays	F	alls	Chur	ch		. 3.3	
			AL OR INSTITUTION (If no				d STREET ADDRESS					e. IS	RESIDENCE I A FARM?
(60		Nava	1 Hospita	1.			7	424	Bethi	ine S	tre	et YES	NO X
		NAME OF	EVIA F	rst	Middle	0	Lost	4. DATE		Month		Doy	Year
	(	DECEASED (Type or print)	-Pelka	P	etrovna	a ROM	ANENKO	OF DEAT	н Т	larch		4	1967
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED TOWN DIVORCED TOWN DIVORCED				RRIED	B DATE OF BIRTH		9 AGE (In		IF UNDER 1		NDER 24 HRS	
					1-04	Oct.7,190		66	) yrs.				
	10e	USUAL OCCUPATION	(Give kind of work done	10b. KI	NO OF BUSINESS	OR	11 BIRTHPLACE (County	y & Stote, or	foreign count	ry)	12. CITI	IZEN OF WH	AT
	gure	ing most of working Hous	ewife	194	DLSTRY N/A		Russia	l.				US	A
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	1	Peter K	IRIENKO				Vassa						
			R IN US ARMED FORCES?		SOCIAL SECURITY	NO. 17 I	NFORMANT 7424	Bet	hune	Shittress	Fal	ls Ch	nurch,
		No	(If yes give wor or dotes o	1 service)	16 28 :	1201 C	harles C.	SPO	ONER	Jr.		Va	a.
	T	18 CAUSE OF DI	EATH (Enter only one cou	ise per line for	(o), (b), and (c).)								L BETWEEN
		PART I. DEAT	TH WAS CAUSED BY.  ** IMMEDIATE CAUSE	Pno	bable (	Cerebr	al Metast	atic	Dise	ase		ONSET A	IND DEATH
		1707	DUE	TO									
		Conditions, if ony,		(b) Sec	ondary	to Ca	ncer of B	reas	t				
		rise to immediat stating the unde											
		last.	HYING COUSE	(c)									
		PART II OTHER SI	GNIFICANT CONDITIONS C		TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE CO	ONDITION GI	VEN IN PART	1(0)		19 WAS	AUTOPSY
2	CERTIFICATION											YES T	FORMED?
	HIG	20o. ACCIDENT WA	S UNDERLYING 🗀	20b. DE	SCRIBE HOW INJU	IRY OCCURRED.	(Enter noture of injury in	Port I or P	ort II of iten	18.)			
1	E	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							,			
	₹		URY Month, Day, Year	20d. II	NJURY OCCURRED	20e PLA	CE OF INJURY (Home, for	m. 1 20f.	(City or	lown)	(Cou	inty)	(Stote)
	MEDICAL	Hour o.r	m.	While	- Not While		ory, street, affice bldg , etc	4			,	**	
		21 Leordi	fy that (X(this has	ot wor	ded the dece	sed from H	eh 15	1967	to Mai	sch Z	195	7 that	(We) las
		saw the d	eceased alive an N	arch	4 196	Z and tha	t death accurred a	15:50	Ph. fram	causes ar	id an th	ne date st	ated abave
		220. SIGNATURE	-									ATE SIGNED	
			(X. J.	Carr	magh	M.	D. PHYS.	MED. DIRECTOR	STA PH		4 M	larch	1967
		22c. PHYSICIAN'S			0		22d. ADDRESS						
1		NAME (Type	R. J. CA	VANAG	H, LT I	MC USN	Naval	. Hos	<u>pita.</u>	L, Be	the	sda,	Md.
-	230	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF	CEMETERY OR	CREMATORY	23 d.	LOCATION (C	ity or Town	)	(County)	(State)
		PAGAIT RET	3/9/67		Rock	Creek	Cemetery		Wash:	Ingto	m.	D.C	
	24	FUNERAL DIRECTO	)R		ADDRES	5		D BY REGIS	IRAR -	25 7 SEGIS		IGNATURE	0
	부	alls"cu	urch Fune	ral H	ome, chi	urch.	Va MAR	0	1961	1	- May	100	~

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 may be retained by the hospitol or attending physicion.

VR A⊞ (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03930 and 2 death. The law requires that the death certificate be executed within 24 llours after death physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) HONIGOMERY b. COUNTY after MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate amits, write RURAL and give negrest town) hours write RURAL and give nearest town) days ORINA bon papers. within 72 ha d. STREET ADDRESS d. NAME OF HOSPITAL OF HISTITUTION of not in hospital, give street address) ON A FARM? YES NO K 4. DATE pou Year First DECEASED 20 event, (Type of print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX NEVER MARRIED DATE OF BIRTH AGE (In years -remove birthday) Months Doys 18-WIDOWED any DIVORCED 12 CITIZEN OF WHAT 10o JSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) by ng mast of working life, even if retired) please Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, attending phys Jurner Clinedinst Bertha Stedman LI804 Lovejoy Street IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, so, or unknown) (If yes give wor or dotes of service) Carmine Rotondaro ues INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY MYOCAR IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO 16) WEGENER GLANULOMATOSIS Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse ‡ Health prior to has been last. OS . WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? WEGENER'S GRANULIMATISK) YES [ TO FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) foctory, street, office bldg, etc.) Hour o.m. State ot work 1969 to MARCITZO, 1967, that (1) (we) last 21. I certify that (I) (this-hospital) attended the deceased from HUEUST plnous director, page 3 should should be filed with the saw the deceased alive anMARCH 20 1967, and that death occurred at 16 A. M, from causes and on the date stated above. 220. SIGNATURES 22b. DATE SIGNED MARCH 20. 1015 SPRIME 22c. PHYSICIAN'S Page 4 may NAME (Type) EDWARD SILVER SPRING 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (Stote) BURIAL CREMATION. (County) REMOVAL (Specify) Gate of Heaven Cemetery 250 REC'D BY REGISTRAR

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF DEATH		113329 /
MARYLAND	2 USUAL RESIDENCE (Wh	ere deceased lived, if institution in the countries of th	
, c length of stay in 16	c CITY OR TOWN (If outsi	de corporate limits, write RUR	tAL and give nearest town)
ral) 24 Days	North	Arlington	Of The Preparent
tal	d. STREET ADDRESS 4864	33rd.Road	e 15 RESIDENCE ON A FARM? YES NO
n (NMY)	Rowe	OF Marc	h 15 19 67
		9. AGE (in years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10b KIND OF BUSINESS OR		₽E YIS.	12. CITIZEN OF WHAT
INDUSTRY	' '		COUNTRY?
	14. MOTHER'S MAIDEN NA	ME	
[ aanmaa]		Addre	North Arlington Virginia
se per line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
(0)	CION		
	cardio-vascu	lar disease	
10 (ε)			
NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES \( \bigcap \) NO \( \bigcap \)
206 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Part II of item 18.)	
		20f. (City or town)	(County) (State)
pital) attended the deceased fram Jar 15 19 67, and that	Feb.19 , 19 ideath accurred at 1.	67, to Mar. 15 :00 Piviram causes	, 19_67 that (I) (we) last and an the date stated above
nan men	PHYS 🔲 DI	RECTOR L. PHYS 📮	
	22d. ADDRESS	pital, Bethes	
EY, M.D.	Naval Hos	broar, people	da, Md.
REOF 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Tox	vn) (County) (State)
	CREMATORY National	23d LOCATION (City or Tox Arlington, T	vn) (County) (State)
	C LENGTH OF STAY IN 1b	MARYLAND  C LENGTH OF STAY IN 16  24 Days  North  A hospitol, give street oddress)  A STREET ADDRESS  4864  1 Middle  (NMN)  Rowe  7 MARRIED  10 NEVER MARRIED  10 B KIND OF BUSINESS OR  INDUSTRY  14. MOTHER'S MAIDEN NA  Janet M:  Service)  16 SOCIAL SECURITY NO  17 INFORMANT  Janet M:  Service)  16 SOCIAL SECURITY NO  17 INFORMANT  Janet M:  Service)  18 DATE OF BIRTH  Sept. 5, 1894  14. MOTHER'S MAIDEN NA  Janet M:  Janet M:  Service)  16 SOCIAL SECURITY NO  17 INFORMANT  Janet M:  Service)  18 DATE OF BIRTH  Sept. 5, 1894  19 Arteriosclerotic cardio-vascu:  O Arteriosclerotic cardio-vascu:  O CC)  NITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDI  20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Poi  of work of While of work of otwork of otwork of the deceased from Feb. 19  19 67, and that death accurred at 11  ATTENDING  MICHAEL STAY OF TOWN (if outsi	MARYLAND  C LENGTH OF STAY IN 1b  24 Days  North Arlington  d. STREET ADDRESS  tal  Middle (NMN)  Nowe  Middle (NMN)  North Arlington  Mont Mont Mont Mont Mont Mont Mont

Page 4 may be retained by the haspital or attending physicion. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL DESEADON AND DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

ı	DIVISION OF STATISTICAL RESERVE	· ·		LI, DALIIMVKL, MAKILANI	03930
L	03932	CERTIFICATE	OF DEATH		00000
F	PLACE OF DEATH O. CDUNTY		2 USUAL RESIDENCE (V	Where deceased lived, if institution is	Residence before admission)
1	Montgomery	MARYLAND	o. STATE Mary 1	and N	iontgomery
	b CITY OR TOWN (If outside corporate mits write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write RURAL o	nd give neorest town)
	Travilah	17 years	Travil	.ah	151
ı	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS		e IS RESIDENCE On a Farm?
	Query Mill Road		Query Mi	11 Road	YES NO NO
ſ	3. NAME OF First DECEASED	Middle	Last	4 DATE Month	Doy Year
L	(Type or print) REMU		RUBINO	DEATH March	
		The sale instance	DATE OF BIRTH	1-4 1-4-1-1	INDER . YEAR IF JNDER 24 HRS.
- L	Male White WIDOWED		Aug. 12, 1		
		IND OF BUSINESS OR		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	Hairdresser	10031K)	New Jers	V .	U. S.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Antonia Rubino			Cernelli	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dotes of service)]		NFORMANT Wif		T. 0
	No	E	velyn V. F	Rubino Same	as Item 2.
I	18 CAUSE DF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY.	(o), (b), ond (c).}	1000		INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (o)	cute Myou	under In	farch.	24-kes
1	H201 DUE TO		11, 6	inter Keart De	
1	Conditions, if ony, which gove (b)	y puruman	avensele	when Reast New	o geass
ı	stoting the underlying couse DUE TO	, ,			
	lost. (c)				19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(o)	PERFORMED?
	B	none			YES NO W
П	20g. ACCIDENT WAS UNDERLYING (1) 20b. DE OR COMERINE MODIFICATION OF CONTRIBUTING (1) EXAMINED	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in )	Port I or Port II of item 18.)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				(6)
1			CE OF INJURY (Home, form ory, street, affice bldg., etc.)		(County) (Stote)
1	p.m. '' j of wor	rk U of work U			/
1	21. I certify that (1) (this hospital) atten	ided the deceased fram	11-24,1	961 to 3-1 4 4 M, fram causes and	, 19 <u>47</u> , that (I) (we) las
1	saw the deceased alive an 2-2-		I deally accorded at		22b. DATE SIGNED
1	ZZO SIGNATORY	au M.I	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	3-1-67
1	22c. PHYSICIAN'S	7	22d ADDRESS	1835 I Stree	
١	NAME (Type) ALVIN I. KA	Y		Washington,	D. C.
F	23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
	Burlation 3-2-67	Potomac Cem	etery	Potomac. Ma	aryland
t	24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b REGISTI	RAR'S SIGNATURE
	ROBERT A. PUMPHREY, B	ethesda, Md.	DATE	8 1967 Jelia	Mas Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and comflet director, page 3 should be detached far use as the burial-transit permit. Then please remove so should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event VR A15 (4) 20 M 1/66

bon papérs. Poges 1 and Anthin 72 hours after deat letate filled in by the funer



VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03932 03934 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission), PLACE OF DEATH o STATE Virginia a. COUNTY Montgomery b. COUNTY MARYLAND within 72 haurs after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) Bethesda c CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) C LENGTH OF STAY IN 15 74 Days Alexandria filled in b d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Md. 20014 4918 Celtic Brive, Apt. 101 YES NO X NAME OF Middle 4. DATE Day Year DECEASED 19 67 17 Edith Elizabeth Rush March event, DEATH (Type or pnnt) S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lest birthdoy) Haurs 7 May 1897 White Female signed by the attending physician and ca burial-transit permit. Then please remay burial, crematian, ar remaval, and in any WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) **12 CITIZEN OF WHAT** 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) INDUSTRY Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Louise Plumley Harry W. Honan 17. INFORMANT The Medical Recorders The Clinical 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, go, grunknown) (It yes give war or dotes of service) Not Available Center, Bethesda, Maryland 20014 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) ONSET AND DEATH minutes PART I. DEATH WAS CAUSED BY: Ventricular Fibrillation IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave 3 weeks Intestinal Obstruction rise ta immediate cause (a), DHE TO stoting the underlying cause as the 20 vears last. () Metastatic malignant carcinoid PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO XX 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour o.m. Not While TO FUNERAL DIRECTOR: After 21. I certify that (\$\foatharrow{\mathbb{H}}\) (this haspital) attended the deceased fram 2 Jamery , 1967, to 17 March , 1967, that (\$\foatharrow{\mathbb{H}}\) (we) last saw the deceased alive an 17 March ... 1967, and that death accurred at 45A M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS M.D. DIRECTOR 17 March 1967 director, page 3 should be filed v 22d. ADDRESSThe Clinical Center, National Juha P.-Kokko 22c. PHYSICFAN'S NAME (Type) Institutes of Health, Bethesda 14. Md 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL CREMATION 23b. DATE THEREOF (County) (State) BUT a Pa. 3/21/67 St. Michaels Chester. 1500 W.Bradwock Rd. 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Exer Alexandria. Va.



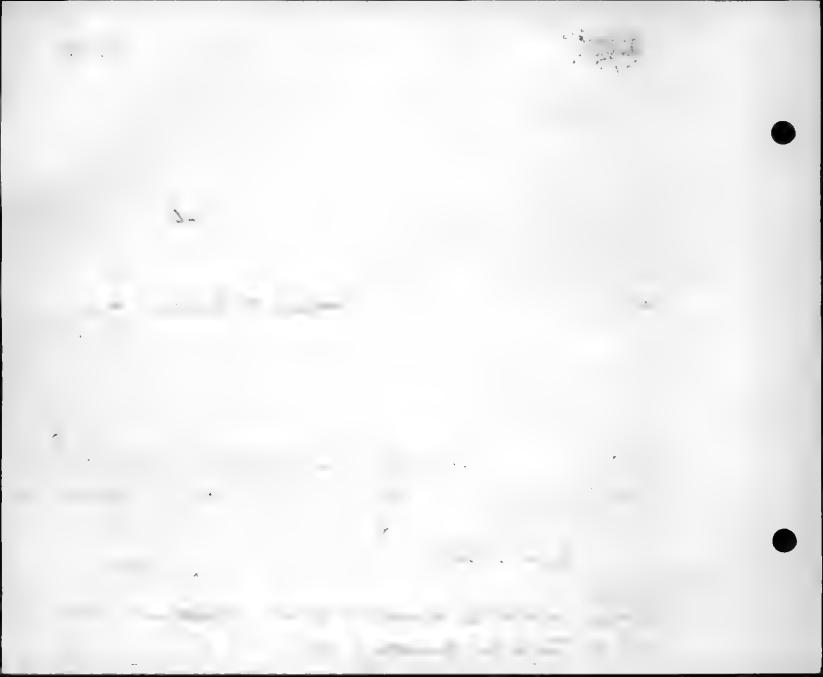
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03935

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

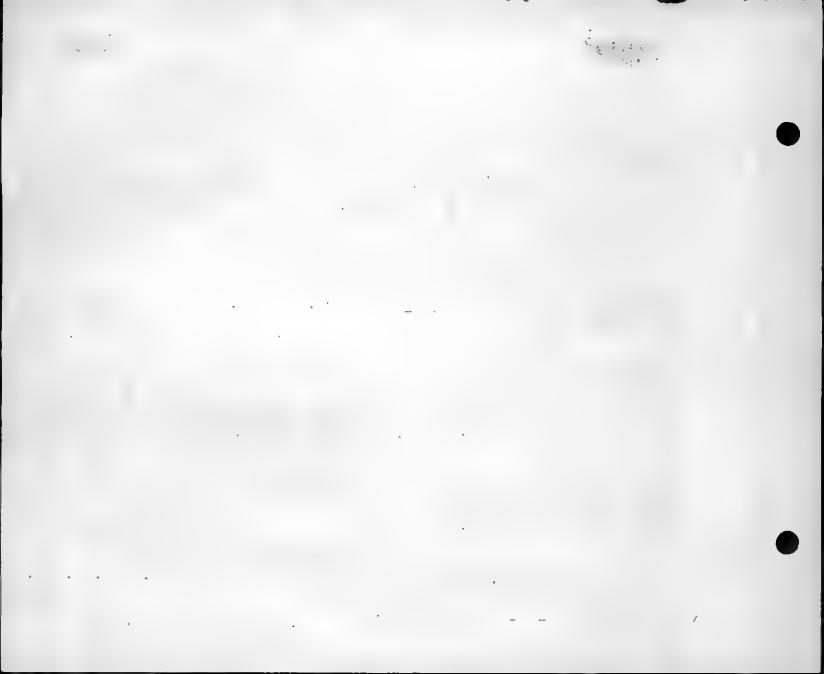
TUK STATE		O D D D D D D D D D D D D D D D D D D D	UI VIIII VI DENTII	1799 /
HEALTH DEPT		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Resident	ence before adm ssion
2 5 8 2 V	)	a. COUNTY TITLE TO MARYLAND	o STATE b. COUNTY	
t any delay is 1, 2, and 3 to m PM3 Page Department of	1	D CITY OR TOWN (If autside corporate + mits,	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	ive nearest tawn)
py delc		write RJRAL and after nearest fewn)	7/	
Pool		A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
E - E O		57.	11- n A be mestories	ON A FARM?
Poges of the form	3	NAME OF First Middle	dosi 4 DATE / Month	Day Year
Give Poges ong with for th the State		OFFICE ASED (Type or print)	OF DEATH DEATH	22 1967
ofter 3. Give along with th	5	Marie	8 DATE OF B.RTH 9 AGE (In years IF UNDE	R I YEAR   IF UNDER 24 HRS
s offer 18. Gr along with th.	>	WIDOWED TO DIVORCED TO	3/27/46 last birthday) Months	Days Hours Min
t hours ofter death If them 18. Give Pages 1, Office along with form land 2 with the State Deer death.	10a	LISUA, DCC., PATION (Give kind of work dode 19h KIND OF RUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
	đư	ng most of working life, even if retired IND_STRY		COUNTRY? SIP.
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	- Or 11 / 1
within 2 in pencl ii Examiner File page:	1	harlos Mason Fresoll	1/2/2 / 1/10m M	2010
d w Exc Exc	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT Aggress	a to a sury
executed within anding in penchandral Examination in permit. File pagmithin 72 hours	(Y∈		HARLES M. RUSSELL &	2
e execu pending of Med c		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)		INTERVAL BETWEEN
Ild be ord "per Chief transit		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Thinks of the lateral	o and service	ONSET AND DEATH
should be to word "per or the Chief burial-transit		3 2 3 4 DUE TO		
should e word o the C ourial-tr		Canditions, if any, which gave ) (b) Airo ascident		
the street		rise to immediate cause (a).  stating the underlying cause DUE TO		
f cati		last. (c)		
	8	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
				YES 🔀 NO
	CERTIFICAT	DOLLARY SEC. CONTRIBUTION C	(Enter nature of injury in Part I or Part II of item 18.)	4112
refr: T certific could b es. should in, or r		CAUSE OF DEATH LOST CONTrol &	I can elift high way total.	
EXAMINER ute the cer ge 4 shou your files. Page 3 sho cremation,	MEDICAL	H	stani strant office hide att.)	Caunty) (State)
XAN te 1 ye 4 your age em(	WE	9 30 p.m. 3/22 1967 at wark at wark	Highway Bethesas Mi	ontgomery Mel
- 5 9 L		21. I certify that I taak charge of the remains described above, t	neld an Autapsy 📈 , nspection 📈 , inquiry 💢	and in my opin an
ntal e exe ttor. P ttor. P sector ed fa eurial,		death resulted fram: Natural causes 🔲, Acadent 🔣, Su	icide 🔲, Hamicide 🔲, Undetermined manner (	
MEDIC please e directol etained DIRECT		ACTUAL O D as O D	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
_ "- " 0		SIGNATURE John 3 / Ball	M D ASSISTANT MEDICAL EXAMINER [] 3/23	LE. DATE SIGNED
DEPUTY ressory, p e funeral may be re FUNERAL alth pr or		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	767.
10 DEPUTY necessory, the funeral 5 may be 0 FUNERAL Health pro	230	BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF		(County) (State)
01 a + ~ 0 + C	ŀ	CREMOVAL (Specify)		MA
8		FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR _ 256 REGISTRARS	SIGNATURE
VR A 15ME (5)		OHN M TAVIDOSON ALLIABALIS	MAR 27 1967 Actions	as judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03934 CERTIFICATE OF DEATH 03936 executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH campletely filled in by the funeral lave carbon papers. Pages I and y event, within 72 haurs after(dest o. COUNTY MONTGOMERY MARYLAND b CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 15 CITY OR TOWN (If notside corporate limits, write RURA), and give nearest town) write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (H not in hospitol, give street oddress) d. STREET ADDRESS 15 RESIDENCE ON A FARM? Ma NEILL YES NO F NAME OF 4. DATE Year DECEASED (Type or print) DEATH ar remayal, and in any event, 9. AGE (In years IF UNDER SEX 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED remave last birthday) Months 9-30-8.3 DIVORCED WIDOWED and 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working it e, eyen if elimed

CS STATER'S NAME please MASS The law requires that the death certificate 14 MOTHER'S MAIDEN NAME attending phy Mary Richardson George Thompson IS WAS DECEASED EVER IN a S ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give war or dates of service) Mrs. BorthaR. May same as 215-44-4169T burial, crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN O FUNERAL DIRECTOR: After this certificate has been signed by the directar, page 3 shauld be detached far use as the burial-transit IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate couse (o). DUE TO storing the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO F 205. DESCRIBE HOW INJURY OCCURRED (Enter fature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) factory, street, office bldg, etc.) Hour a.m. Not While of work at work 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR **ATTENDING** M.D. PHYS. ADDRESS Colesville Rd. Sil.Sp. rdd. 22c PHYSICIAN'S NAME (Type) William D. Aud 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL(Specify) 3-22-67 Fort Lincoln Bladenshure 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 321 14 1 1 Nil + Cal

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03937 CERTIFICATE OF DEATH Aly filled in by the function of papers. Pages I and within 72 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a. COUNTY a. STATE b. COUNTY ontaomer MARYLAND DOUN ATTENDING ENYSICIAM: The law requires that the dooth certificate be executed within 24 hours after b. CITY OR TOWN (If autside carparate limits. c LENGTH OF STAY IN 16 CLITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) EHS orings e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8002-14th □ NO □ pgu NAME OF First Middle 4 DATE Month Year Lost Doy **DECEASED** OF oh March 19 6 (Type or pant) DEATH ove cor IF UNDER 1 YEAR SEX 6. COLOR OR RACE AGE (In years **IF UNDER 24 HRS** 8. DATE OF BIRT 7 MARRIED NEVER MARRIED lost birthday) Months Doys Hours and in arky WIDOWED DIVORCED 72 Yrs. puo ren 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, eyen if retired) INDUSTRY COUNTRY? attending physicion opermit. Then please USSIZ 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME d for use as the burial-transit permit. Then pl of Health prior to burial, cremation, or removal, 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. HUXBAND Address permit. (Yes, no, ar unknown) (If yes give wor or dates of service) A. ABOVE ITEM CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN has been signed by the ONSET, AND, DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the Stote Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Caunty) 20c. TIME OF INJURY Month, Dov. Year 20f. (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot wark at work 21. I certify that (I) (this haspital) attended the deceased fram Septim 1966 to March 38 1967, that (1) (we) last 1967, and that death accurred at 1 45AM, fram causes and an the date stated above. saw the deceased alive an March 22 SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS. PHYSICIANIS 22d. ADDRESS NAME (Type) 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (Stote) REMOVAL (Specify) ISRAEL CENETER FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66



#### MARYLAND STATE DEPARTMENT OF REALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03936

	03038 C	ERTIFICATE	OF DEATH		03936
1.		MARYLAND ENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where * SMaryland c. CITY OR TOWN (If outside so	Mon tgo	mery
-	write RURAL end give neerest town) Wheaton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	Ive street address)	Silver Spri	.ng	IS RESIDENCE
3.	Randolph Hills Nursing	Home Middle	629 Northwo	m	ON A FARM? YES NO X
5.	(Type or print) SARIAH  SEX 6 COLOR OR RACE 7. MARRIED		SIAOLE DEAT		31 19 67 ER 1 YEAR IF UNDER 24 HRS.
10	Female White WIDOWED K  - USUAL OCCUPATION (Give kind of work one during most of working life, even if relired)  10b. KIND OF	DIVORCED	-	80 yrs.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	1	Russia 14. MOTHER'S MAIDEN NAME		U.S.A.
	Samuel Eli Tash  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 50cl/ 16. 50cl/ 16. 50cl/ 16. 50cl/ 16. 50cl/ 16. 50cl/		Rebecca Katz NFORMANT S. Lewis Goss,	Address	Md.
	18. CAUSE OF DEATH lenter only one cause per line for PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)		Right -	Leg	INTERVAL BETWEEN ONSET AND DEATH
7	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	entral	Keppertituses	M"	25 Jean ART He) 19. WAS AUTOPSY
CERTIFICATION	Circlinal Harmberis	with H	Muchling of In, Uty in Part I or Pa	T-0	PERFORMED? YES NO
MEDICAL	Hour a.m. While p.m. 19 et work	lot While fecto	ry, street, office bldg., etc.)		County) (State)
			death occurred all GPM, fro		the date stated above.
	220 SIGNATURE  PRESIDENT DESM	75. M.	ATTENDING MED. PHYS. DIRECTOR  22d. ADDRESS	STAFF PHYS.	22b. DATE SIGNED
23	NAME (Type) S/7/16-54 DE	NAME OF CEMETERY O	1362-/	EST N. M.	WASH DC.
	REMOVAL (Specify)		d Cemetery W	ashington.	
1	Bernard Danzaneky & Sone		1 APR /	1967 yellar	les judge

The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 20M 5-63

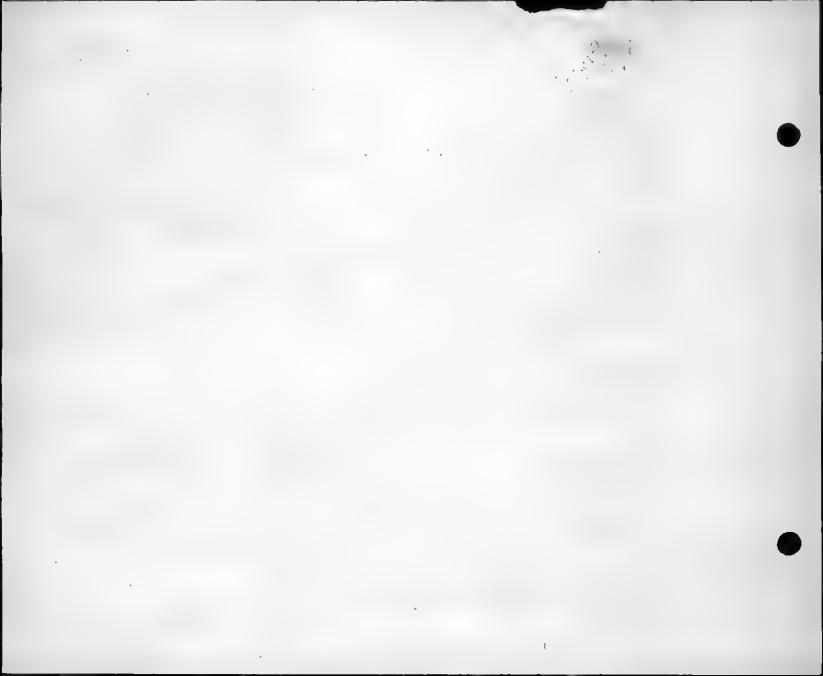


#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		<b>03939</b>	CERTIFICATE	OF DEATH	08	1937				
	(	PLACE OF DEATH OCUMITY Nontgomery	MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) o. STATE b COUNTY District of Columbia						
		o (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Betnesda	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington							
ź1	(	A NAME OF HOSPITAL OR INSTITUTION (If not in h Bethesda—Silver Spr		d STREET ADDRESS  4000 Massachusetts Ave., NW YES NO XX						
	1	NAME OF First	Middle BRHDLit	Lost SALTS	4 DATE Month OF	Doy Year 20 1967				
	S	110		DATE OF BIRTH $4-5-19$	(ast-hirthday) Month	ER I YEAR   IF UNDER 24 HRS				
	dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if refired) Executive	10b. KIND OF BUSINESS OR INDUSTRY Pepsi—Cola Co.	11. BIRTHPLACE (County & Tenn.  14. MOTHER'S MAIDEN NA	Ţ	CITIZEN OF WHAT COUNTRY?  JSA				
		FATHER'S NAME  Albert Salts		Margaret I						
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give wor or dotes of servi No	rel	Address adys M. Salts, Wife, Same as #2 above						
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  UNITED TO	Coronary occ Coronary A Sevene Cour	of Disease A	veteriosclerosi.	INTERVAL BETWEEN ONSET AND DEATH  1458.  1955				
	CERTIFICATION	9	BUTING TO DEATH BUT NOT RELATED TO TO  COLOR  205. DESCRIBE HOW INJURY OCCURRED. (I	V	7 0-1 774.3	19. WAS AUTOPSY PERFORMED? YES NO				
		200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	p.m. 17 of work — at work —								
		21. I certify that (1) (this haspital) attended the deceased fram <u>CCI</u> , 1959, to <u>CCF. 20</u> , 1967, that (1) (1961) ke saw the deceased alive an <u>1967</u> , and that death accurred at 24M, from causes and an the date stated above.								
		220 VIGNATURE RULES	2013 M.D	PHYS. LZ I	MED STAFF 22b	DATE/SIGNED				
,		NAME (Type) / NES	R. Nugent	22d. ADDRESS	hass Hoe M	I. W Waser				
	230	BURIAL, CREMATION, PREMOVAL (Specify)  remation 3/22/67	23c NAME OF CEMETERY OR C		23d. LOCATION (City or Town) Suitland, Man	(County) (Stote)				
)		FUNERAL DIRECTOR  JOBeph Gawler's Sons	ADDRESS	25g REC'D	BY REGISTRAR 25 CHIGISTRAR 2 3 1967 HCLIGAR	2 CICMATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physicion. TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and or are event, within 72 hours ofter desit

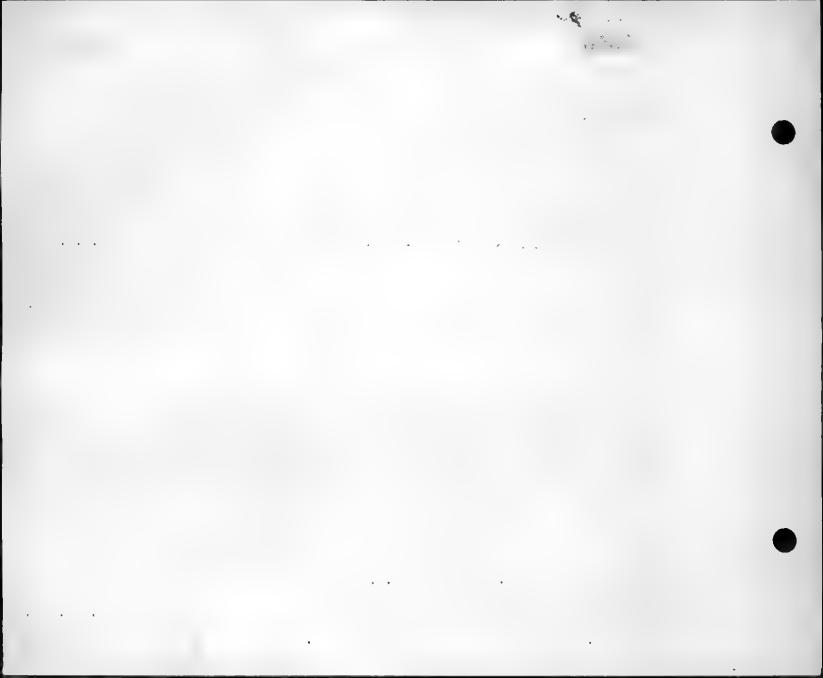


## 03940

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

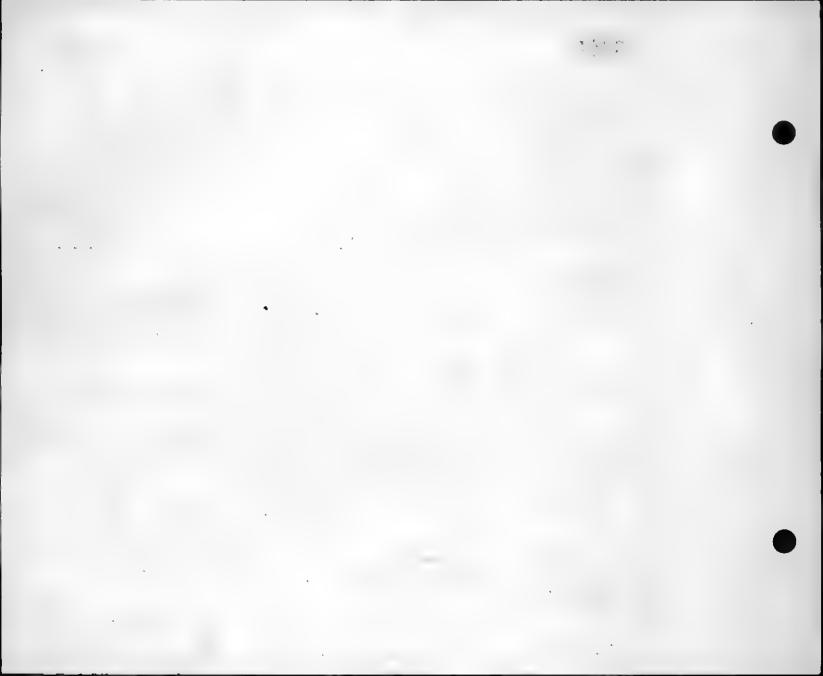
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
MILDICAL	LVMIIIIII 3	CLKIIIICAIL	OI DEMII

EALTH	DEPT.		LACE OF DEATH	T	2 USUAL RESIDENCE (V	there decensed lived if	institution Resident	e before admission)	=
≈ o ⊕			COUNTY MONTGOMERY MARY	LAMO	o STATE Maryl		COUNTMONT	gomery	
3 1 Pog	į.		CITY OR TOWN (If outside corporote Infrakoma   c. LENGTH OF STAY II		c CITY OR TOWN (IF ou				-
any deloy is 2, ond 3 to PM3. Poge	File pages land 2 with the State Department of 2 hours after death.		write RURAL and give negrest town) Park Park		,		akoma Pai		
7,2	e b		NAME OF HOSPITAL OR INSTITUTION (If not in hospito , give street address)		d STREET ADDRESS			e IS RES DENCE ON A FARM?	
es for	de ( I)		7620 Maple Avenue		7620	Maple Aven		YES NO	
eatl Pag vith	25		IAME OF First Middle JECEASED		≥ost	4 DATE Prono		Day Year	
er d sive	<b>1 1 1</b>		Type or print) GEORGE EDWIN		SANDS  DATE OF BIRTH	DEATH 9 AGE (In y	March	10, 19 67.	
offe %. G	- X		THE		3/28/08	58 xxxxx		Doys Hours Mir	
m l fice	nd 2 leot	10¤	Male White WIDOWED DIVORCED  USUA, OCC. PATION (G ve kind of work done 10b KIND OF BUSINESS OR		11 BIRTHPLACE (State			IZEN OF WHAT	_
4 h	la ter		ng most of working the even if retired) Naval Stord. Lab		New Yo		(છ	NBY?A.	
in 2 cil ir ner	oges s af	13	FATHER'S NAME		14. MOTHER'S MA DEN N	AME		<del></del>	_
pen	de po								
EX = E	1. Fil	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO no. or unknown) litt yes give war or dates of service)		NFORMANT		Address	21227	
adice	rie i	(10	Yes WW II	Mis	s Elizabeth	Monmonier,	5129 Ro	lling Rd.	_
end end Me	as a burial-transit permit. File poges land2 wond in ony event within 72 hours after deoth.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART   DEATH WAS CAUSED BY.					INTERVAL BETWEEN ONSET AND DEATH	
he he	rans		IMMEDIATE CAUSE (0) CITTHOSIS OF	<u>live</u>	er				
aula word he (	ial-†		58/0 DUE TO Conditions, if ony, which gove )						
he he to t	bur n ol		rise to immediate cause (o),						
cote	as a		stoting the underlying couse (c)						
vritii Vorc			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY	ATED TO TO	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19 WAS AUTOPSY	_
e, v	be used emaval,	ATIO						PERFORMED? YES [X] NO [	
: Thi hificat d be	fles. 3 should be used fron, or remayal,	CERTIFICATION	20d EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING []	CURRED (	Enter nature of injury in F	art I or Part II of tem	18 }		
KER Cert			CAUSE OF DEATH.  20c TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED	20 c DLAC	E OF INJURY (Home form	20f (City or to	un) (Cor	inty) (Stote)	_
MEDICAL EXAMINER: This certif cote should be executed within 24 hours ofter death. If a lease execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, director, Page 4 should be forworded to the Chief Medical Examiner's Office along with form	your fles Page 3 sho cremotion,	MEDICAL	Hour a.m.  p m.  19  19  20  20  20  20  20  20  10  10  20  10  1		ory, street, office bldg., etc.) Partial	201 (CITY OF IC	with from	(310-6)	
ecut Pag	75 75 75 75 75 75 75 75 75 75 75 75 75 7		21. I certify that I took charge of the remains described ab	ave, hel		Inspect an ,	Inquiry,	and in my apini	on
or ex	<u> </u>		death resulted fram. Natural causes X, Accident,	Suici	de 🔲, Homic de		ed manner [		
MEDIA please I directo	DIRECT To bur		ACTUAL // P		CHIEF MEDICAL	The state of the s		22. DATE SIGNE	rn.
- Ω _	RAL D Prior		SIGNATURE COOK U. D. Jan	_	_ /** 0	CAL EXAMINER X	Manual		ענ
necessary, the funeral	may be retain FUNERAL DIRE colth prior to b		EXAMINER'S NAME (Type) Charles S. Springate, M.D.	•		city, town, or county)	Marci	10, 1967	
o o o o o o o o o o o o o o o o o o o	20 Head	230	BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEME	TERY OR C	CREMATORY	23d LOCATION (CI)	or Town)	(County) (State)	=
-	= 1		REMOVAL (Specify) Burial 3/15/67 Baltimor			Menegemen			
VR A	15ME (5)	24	FUNERAL DIRECTOR Hubbard 4107 Will	cens	Ave. 250. REC'D	BY REGISTRAR	Sb. REG STRAR'S SI	GNURE	



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FUK MAIL		9934T WEDICHE	EVMINITER 2	CERTIFICATE OF DI	AIII U	3939
HEALTH DEPT.	1 1	LACE OF DEATH		2. USUAL RESIDENCE (Where d	eceased lived, if institution: Res	idence befare admission)
of je	- 1	COUNTY onlawnery	MARYLAND	Marulan	o COLINY OF	Magnery
loy is 3 to Poge ant of		CITY OR TOWN ( f autside carparate limits.   Lc LENC	OTH OF STAY IN 16		ggarate limits, write RJRAL and	
del bnd 13.		-writ@RURAL and give pearest town//)	~ A	li Dinas I	2 - :	,
f any deloy is 1, 2, and 3 to m PM3. Page		akoma tark D	UH	+ CYDELL + DUDGES	aring	e IS RESIDENCE
E S B		NAME OF HOSPITAL OR INSTITUTION (Final in haspital, give stree	oddress}	d. STREET ADDRESS	tout	ON A FARM?
- x 20 A	0	Jash. San + Hosp,		1013 Ma	wo ser.	YES NO
e Poges with for	3 1	AME OF Fish	Middle	Last 4 D		Day Year
D &		eccased Mary a.	saur		ATH	4 1967
after afong with th	5 5			DATE OF BIRTH	9 AGE (In years   IF UNI	DER I YEAR OF UNDER 24 HRS IS Days Hours Min.
18 e a e a 2 w		F WIDOWED [	DIVORCED 🔲 🖊	0-16-17	49 YIS	is pup ligois min.
24 hours in Item 18 ar's Office c	10a	JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BU		II BIRTHPLACE (State or fare	gn country) 12	CITIZEN OF WHAT
14 h	da	grast of working life, even if refired) to CAMBUSTRY	Lephone Co.	Ja.		COUNTRYS A.
	13.	FATWER'S NAME		14. MOTHER'S MAIDEN NAME		
id be executed within 2 rd "pending" in pencil ii Chief Medical Examiner transit permit. File page: event within 72 hours of	1	Indrew Gargano	•	Antoinette Gi	odano	
Exc Exc File 2 h		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17 IN	FORMANI/2		
al al	(Ye	, na ar griknawn) (f yes give war ar dates of service)		ahusband	1013 Ruata	n Street
nding" is Medical permit.				7. Saunders	Adelphi, M	INTERVAL BETWEEN
pending fr Medic sit perm		1B. CAUSE OF DEATH (Enter on γ one cause per line for (o), (b), PART I DEATH WAS CAUSED BY.	and (c).)	13ufficency	1 Arate	SONSET AND DEATH
d be ed "pe Chief transit						) Libra 4.1.
should be e te ward "per to the Chief i buriol-transit		Conditions, if ony, which gave ) (b) Real f.	C - 1. x	e-Failura	9	1/22-
shi o fil		rise to immediate cause (a),	CSFORIA	6-1-0110		
ficate s fing the rded to as a bu ond in		stating the underlying cause DUE TO	tomorie.	Cardio Vas	antar Disease	2 years
writing writing rwarded sed as c						
This cert ficate shoul cate, writing the war be forwarded to the be used as a buriol-removal, and in any incompanyal, and in	종	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERM WAL DISEASE CONDITION	GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
nis ande, e fo	3					YES 💢 40 🗌
	CERTIFICAT	20a EXTERNAL CAUSE WAS  PRIMARY □ ar CONTRIBUTING □  20b DESCR BE H	OW INJURY OCCURRED (I	Enter nature of injury in Part I o	r Part II at item 18}	·
certification on, or r	=	CAUSE OF DEATH.				
Z == ° °	MEDICAL	20c TIME OF IN. JRY Manth, Day, Year 20d INJURY OC	CURRED 20e PLAC		20f (City ar town)	(Caunty) (State)
EXAMI ute the age 4 s your f your f Page 3 cremot	星	Haur a.m. While Dr. ot work a	t work	ry, street affice b dg , etc )		
EX Pogging A Paragraph A Parag		21 I certify that I took charge of the remains d		d on Autopsy 📆 . Inst	ection 🔀 Inquiry 🕅	and in my opinion
At for TOR				de 🔲, Homicide 🔲,	Undetermined manner	
Se ecto				CHIEF MEDICAL EXAMIN	_	
MEOT please direct direct retaine DIREC		ACTUAL SIGNATURE SIGNATURE	ll	M.D. ASSISTANT MEDICAL EX		22. DATE SIGNED
JTY I'y, I eral be r be r RAI		EXAMINER'S 7936 OLD	Contratom	Rd. DEPLTY MEDICAL EXAM	INER 1 3/5/6	3 7
DEPUTY cessory, e funera moy be FUNERAL		NAME (Type) John G. Ball Retherda	Maryland	Address (Street, city, t	own, ar county)	-
		BURIAL, CREMATION, 23b. DATE THERFOF 23c	NAME OF CEMETERY OR C	REMATORY 23	LOCATION (City or Town)	(County) (State)
01 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Surial March 8, 1967 Ge	orae Washin	igton Cemetery	Hyattsville	. Maryland
· · · · · · · · · · · · · · · · · · ·		FUNERAL DIRECTOR KINSHIM 8113	ADDRESS	Juenne MAR 8		S SIGNATURE
VR A 15ME (5)	10	ohn B. Thomas the Mathemas 843	4 yeorgia n	MAK 8	1967 Kallant	as Judge



ا ۔:	03942		CERTIFICATE	OF DEATH		02040
er death	PLACE OF DEATH O. COUNTY Mont	gomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceosed lived, if institution  Land  b. COUNTY	Residence before domission) Montgomery
aurs aff	b CITY OR TOWN (If outside write RURAL and give no Rockville	eorest town)	c LENGTH OF STAY IN 16		de corporote limits, write RURAI n John	15-1
427 uii 724		ISTITUTION (If not in hospital, g Lley Nursing		d. street address 7906 Mac	Arthur Blvd.	e is residence On a farm? Yes ho
nt, with	3. NAME OF DECEASED (Type or print)	HUGO		MIDT	4. DATE Month OF Mar.	
nyeve	Male Wh	or or race 7. married widowed	DIVORCED C	Dept. 28, 190	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
and in	100 USUAL OCCUPATION (Give ki during most of working ite, eyen Iron Work	nd of work done if retired) co	ND OF BUSINESS OR DUSTRY INSTRUCTION	FrankLin	Conty Ohio	12 CHIZEN OF WHAT COUNTRY?
maval,	13. FATHER'S NAME  GEORGE SC			14. MOTHER'S MAIDEN NAM MARY KUN	TZ	
n, ar re	15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes g	we were or detect of congress	social security no. 17 II 9-01-2705 Et	NFORMANT hel Compto	n 653 N. Hi	2 2,00204
crematia	PART 1 DEATH WAS	AMEDIATE CAUSE (o)	(a), (b), and (c).	of PR	ostate	ONSET AND DEATH
shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours after death.	Conditions, if ony, which a rise to immediate couse stating the underlying co last.	gove (b)				
alth prio	PART II. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO &
t. of He	20g ACCIDENT WAS UNDERLOOMED OR CONTRIBUTING CAUST	E OF DEATH	SCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Pol	t Lor Port El of Item 18.)	
ate Dep	20c TIME OF INJURY Mon Hour o.m. p.m.	19 While of work	Nat While focto	E OF INJURY (Home form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)
the St	saw the decease	r (I) (this haspital) attend	dea the deceased fram	death accurred at 3	= A M, from couses or	, 1967, that (I) (we) last ad an the date stated above
led with	220. SIGNATURE	Hamilton 18 L	men MD		ED STAFF PHYS O	22b. DATE SIGNED 3-12-67
d be fil			ORMAN	Wa	shington, D	C
shau	230 BUR AL, CREMATION, REMOVAL (Specify) Burial	23b DATE THEREOF 3-16-67	23c NAME OF CEMETERY OR C Potomac Meth		Potomac,	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after der Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

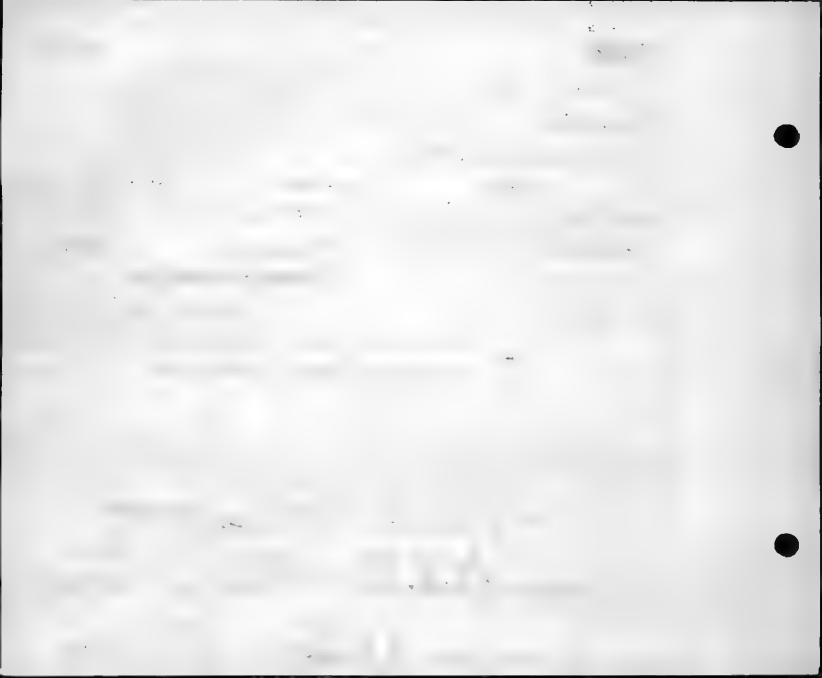
24 FUNERAL DIRECTOR ROBERT A PUMPHREY, Bethesda, Maryland MAR 16 196 Maryland

Blacklic



## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		03943	CERTIFICATE (	OF DEATH	03941
fune of fune of the contract o		PLACE OF DEATH O. COUNTY MONTGOMER	MARYLAND MARYLAND	a. STATE D. C.	eosed lived, if institution: Residence before odmission) b. COUNTY
haurs after in by the f rs. Pages thours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give pagest town)	141 4mos	CITY OR TOWN (If outside corp  WASHIN  STREET ADDRESS	orote limits, write RURAL and give nearest town)
filled in paper thin 72		d. MAME OF HOSPITAL OR INSTITUTION (If not in ho MAME OF First.	nspiral, give street oddress)	3040 FOAHO	AVE, N. W. YES NO X
		DECEASED (Type or print) SEX 6 COLOR OR RACE 7. MJ	(NMI) Shwarried   8.0	SIZER DEA	Margari
the death certificate be executed the attending physician and complete permit. Then please remove can than, ar remaval, and in any secundary.	100 dur	CIDAL UNITED WILL  USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	DOWED DIVORCED /6  10b KIND OF BUSINESS OR  ANDUSTRY  HOUSE  ONE	3   16   1883 13. BIRTHPLACE (County & State of FOUISIAN A	8 44 yrs.
th certificate b sing physician . Then please remaval, and i		BERNARD SWIT	ZER	MOTHER'S MAIDEN NAME	TWARTZCHILD
ne death certifi attending phy permit. Then ian, ar remava	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter only one couse per	1 / /R'S.	MALVINA BAL	OGH WASHINGTON, D.C.
s the		PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	adenscarcin		haryng UNIENOWA!
law requires nding physici been signed s the burial- iar ta burial,		Conditions, if ony, which gove nse to immediate couse (o), stating the underlying couse lost.	Cerebral arter	ial Thron	bour 7 yEARS
The asternate of the has	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		TERMINAL DISEASE CONDITION O	IVEN IN PART 1(o)  19 WAS AUTOPSY PERFORMED? YES \( \bigcup \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
日本できる	AL CERTIFICATION	20₀. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Ent		·
JING PHYS by the has fler this ce be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 21. I certify that (1) (this hospital)	While at work of work foctory,	OF INJURY (Home, form, street, office bldg , etc.)	f. (City or town) (County) (Stote)  ta THE PRESENTAL, that (I) (we) las
ATTEND etained I CTOR: At shauld I vith the S		saw the deceased alive an 220. SIGNATURE	- 2 Q 1967, and that d	eath accurred at	M, fram causes and on the date stated abave
SPITAL OR MAY be r NERAL DIRE		22c. PHYSICIAN'S NAME (Type) EDWIRD W	YOUNG BLOOD	PHYS. DIRECTOR  22d. ADDRESS  WASHINGTON	R L PHYS. L 3-3-07
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page 3 shauld be filed.		BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/6/6/	234 NAME OF CEMETERY OF CRE	REM. S	LOCATION (City or Town) (County) (Stote)
VR A15 (4)	2	FUNERAL DIRECTOR 5/30 WIS.	MUE, N. WOOREN XASH., D.	A PARE 9 BY REG	967 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03944 CERTIFICATE OF DEATH death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence belo PLACE OF DEATH Montgomery Dist. of Col. h COUNTY papers. Pages i hin 72 havrs after MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (# outside carporate i mits, write RURAL and are nearest tawn)
Silver, Spring CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate mits, write RURAL and give nearest tawn) Washington filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3701 Connecticut Colonial Villa Nursing Home Ave NAME OF Middle 4. DATE event, wit First Last Year campletely DECEASED OF. NORA J. SHALLCROSS 19 6 (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years YEAR UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Hours in any Female White 3-3-1879 WIDOWED DIVORCED 88 yrs. and 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 105 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working intereven if retired) COUNTRY? JINDUSTRY Internal Revenue/ ue/ Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, William H. Rabbitt Lucy J. Davis Address Mahopac . N WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates at service ar. M. Sherman, Bullet Hole Mrs. Outram signed by the atter burial-transit perm burial, crematian, a No Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY CONGESTIVE IMMEDIATE CAUSE (a) NOUD DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO ficate has been s far use as the b Health priar tab stoting the underlying cause last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Haur a.m. factory, street, affice bldg , etc.) While Not While After at work 21. I certify that (I) (this hospital) attended the deceased fram 19 6 7 ta be retained and that death accurred at LCSAM, from causes and an the date stated above 19 67 TO FUNERAL DIRECTOR: saw the deceased alive on. 220 SIGNATURE 27b DATE SIGNED director, page 3 shauld be filed v PHYS. 22d ADDRESS 22c PHYSICIAN TO HOSPITAL 23a. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Lincoln Cemetery Prince Buriel Sons VR A15 (4) oseph 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

03943

ł	000,20		CERTIFICATE	OI DERIII		00010		
F	1 PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W	There deceased lived, if institut	ian Residence before admission		
1	O. COUNTY	Montgomery	MARYLAND	West Vir		NIT		
İ	b. CITY OR TOWN (If outside write RURAL and give it	de corporote limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If aut	tside corporate limits, write RU	RAL and give nearest town)		
1	Bethesda		79 days	Fayettevil	1e	* w ws		
١	d. NAME OF HOSPITAL OR	NSTITUTION (If not in hospi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
- 15			Bethesda, Md.	(No street		YES NO X		
ı	3 NAME OF DECEASED	First	Middle	Lost	4. DATE Mon			
L	(Type or print)	Audrey		Shockey	DEATH Ma	rch 23 19 67		
ſ	2 ZEX	LOR OR RACE 7 MARR	IED X NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years lost birthday)	Manths Doys Hours Min.		
		hite WIDOW		0 September	1908 58 yrs			
1	100 USUAL OCCUPATION (Give I during most of working rife, eve	(and of work done 10)	b KIND OF BUSINESS OR Industry	11. BIRTHPLACE (County 8	& State, ar fareign country)	12 CITIZEN OF WHAT COUNTRY?		
	Housekeepe	r	(MDOSIKI	West Virgi		USA		
I	13. FATHER S NAME			14 MOTHER'S MAIDEN N	IAME			
	Parkinson Mc			Sarah Bra				
	(Yes no, or unknown) (If yes no.	Very war or dates of service	16. SOCIAL SECURITY NO. The Nat	Medical Re ional Insti	cords, The Cl	inical Center, th. Bethesda, Md.		
ľ	18. CAUSE OF DEATH (E	nter only one couse per line				INTERVAL BETWEEN		
1	PART I. DEATH WAS		emorrhagic Bronc	honneumonia		5 hours		
ı		DUE TO	011072110120 220110					
1	Conditions, if ony, which	gove ) (b) A	gnogenic myeloid	nic myeloid metaplasia				
	rise to immediate cous stating the underlying	e (a), ( Due To		•				
	lost.	(c)						
	PART II. OTHER SIGNIFICATION OF CONTRIBUTING CAU	NT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO		
1	20a ACCIDENT WAS UNDER	RLYING [] 201	DESCRIBE HOW INJURY OCCURRED (	Enter nature of injury in F	Port I ar Port II af item 18.)			
	OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH			•			
	20c. TIME OF INJURY Mo	mind and the same		E OF INJURY (Home, form, ary, street, office bldg., etc.)		(County) (State)		
	p.m.	19 01	wark ot wark					
	21. I certify the	at (X) (this haspital) at	tended the deceased from 3	January , I	9 <u>67, ta 23 Mar</u>	ch., 19 <u>67</u> , that (X) (we) last		
	saw the decease	d alive on 23 Ma	rch 19 67, and that	death occurred at	12:25M, from couses	and an the date stated obove.		
ı	22a. SIGNATURE	-1- 11	/1//	ATTENDING	MED. STAFF	22b. DATE SIGNED		
ı	11/10	Ulen Pt.	(then M.D	). PHYS.	DIRECTOR L PHYS. K	24 March 1967		
1	22c PHYSICIAN S/ NAME (Type)	M4:- II - C-	han M.D			nter, National		
	HAME (1 YPM)	Martin H. Co			of Health, B	ethesda, Maryland		
1	230 BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d, LOCATION (City or To	1 0		
	REMOVAL (Specify)	3-26-6	7		taxetel.	elle W Va		
1	24 FUNERAL DIRECTOR	0000-	ADDRESS		BY REGISTRAR 2Sb R	GISTRAR'S SIGNATURE		
	+212us	389 KT	or mulded	LUDOC MAR	28 1967 1	iarles Judge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then place remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND

CLENGTH OF STAY IN 1b

NEVER MARRIED

10b. KIND OF BUSINESS OR

HONIE

16 SOCIAL SECURITY NO

INDUSTRY

DIVORCED

23c NAME OF CEMETERY OR CREMATORY

-1 DAY

3346

MONTGOMERY

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

23b DATE THEREOF

IMMEDIATE CAUSE (o)

First

TIRZAH

7. MARRIED

WIDOWED

MONTGOMERY GENERAL HOSPITAL

6 COLOR OR RACE

WHITE

10o JSUAL OCCUPATION (Give kind of work done

HOUSEWIFE. RETIRED

IS WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes give war or dates of service

PART I. DEATH WAS CAUSED BY:

during most of working life, even if retired)

JACOB GROVE

rise to immediate couse (a). stating the underlying couse

Hour to.m.

22 SIGNATURE

230 SURIAL, CREMATION,

24 ELINEBAL BERECTOR

REMOVAL (Specify)

b. CITY OR TOWN (If outside corporate limits,

write RURAL and give nearest town)

OLNEY

PLACE OF DEATH a. COUNTY

NAME OF

FEMALE

S SEX

DECEASED

(Type or print)

13. FATHER'S NAME

last

CERTIFICATE OF DEATH

n STATE

d. STREET ADDRESS

Lost

SHOOK

DATE OF BIRTH

11-11-91

17. INFORMANT

MARYLAND

DAMASCUS

4 DATE

OF

11 BIRTHPLACE (County & State, or foreign country)

PRISCILLA SOLLENBERGER

ĎĖATH

25119 OAK DRIVE

PENNSYLVANIA

MEDICAL RECORDS DEPT.

14. MOTHER'S MAIDEN NAME

2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)

MONTGOMERY

e IS RESIDENCE ON A FARM?

Year

1967

IF UNDER 24 HRS

Hours

USA

INTERVAL BETWEEN ONSET AND DEATH

(State)

NO X

YES [

Doy

б

YEAR

Doys

12 CITIZEN OF WHAT

IF ISNDER

Months

b. COUNTY

Month

ጃ

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years

lost birthdoy)

LOCATION (City or Town)

	9	<u></u>	N.
funeral	B	Topic S	)
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his certificate has been signed	as the	prior to	
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this cert	letached	Dept. o	
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DIRECTOR	ge 3 shou	led with t	
UNERAL	ector, pag	ould be fi	100
10 F	Ė	sho	

be retained by the hospital or attending physician.

ofter death

24 hours

executed within

The law requires that the deoth certificate be

ATTENDING PHYSICIAN:

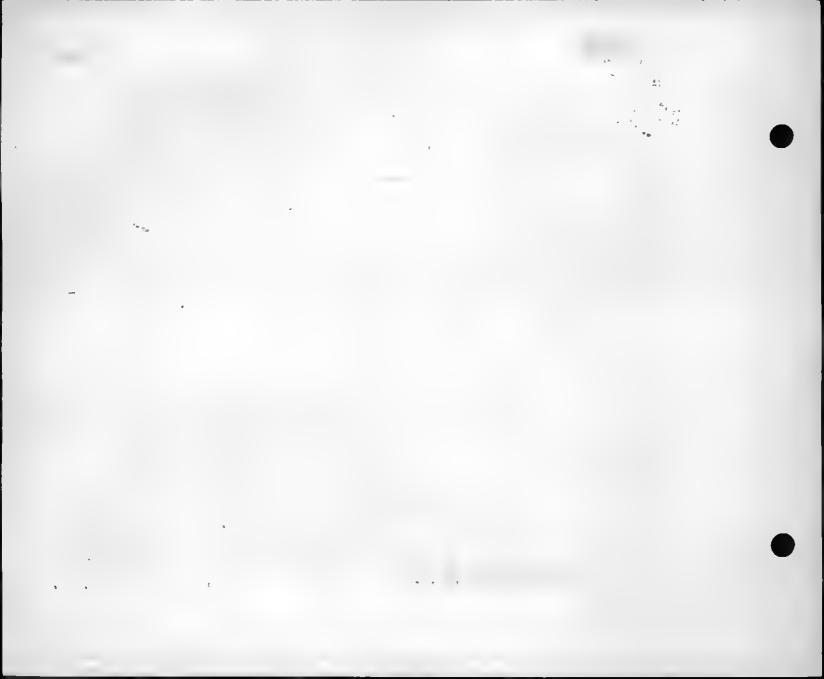
OR OR

O HOSPITAL

Conditions, if ony, which gove 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? right brachlal NO Z 20o ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) of work L at work 21 I certify that (f) (this hospital) attended the deceased from P. M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22b. DATE SIGNED ATTENDING DIRECTOR PHYS PHYS NAME (Type) JACK SCHUMACHER: M. D. RUSSELL LAVENUE, GAITHERSBURG, MD.

emorial

Page 4 may VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3947 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral nove carban papers. Pages 1 and 1 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Maryland Montgomery Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give neorest town)
Silver Spring 8 days Silver Spring e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Holy Crosss Hospital 8809 Loenard Drive YES NO 5Z 3. NAME OF Middle 4. DATE Month Year First Lost DECEASED (Type or print) Tzvi Silver March 6 1967 DEATH IF UNDER 24 HRS. 9. AGE ( n years IF LINDER 1 YEAR 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours WIDOWED and in any DIVORCED Male Cauc March 30 1965 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR **COUNTRY?** during most of working life, even if retired) INDUSTRY Washington, D.C. **IISA** 13. FATHER 5 NAME burial, cremation, ar remaval Malka Harendorf Mendel M. Silver 17. INFORMANT Father 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Mr. Mendel M. Silver-as above-2d INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CANDING ANNEST IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove LENGBAAL rise to immediate couse (o), DUE TO stoting the underlying couse as the priartal has been EPIGLOTTITIS lost. ACUTE WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20d INJURY OCCURRED

20e. PLACE OF INJURY (Home, form,

20f. (City or town)

(County)

Hour o.m. 21. I certify that (I) (this hospital) attended the deceased from

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

George Cohen

ot work 1967, and that death occurred at 3,0 4M, fram causes and an the date stated above.

factory, street, office bldg., etc.)

19 67. to\_

1942, that (i) (we) lost

(Stote)

sow the deceased alive an\_ 22o. SIGNATURE

of work

M.D. PHYS. MED. DIRECTOR

STAFF PHYS.

23d, LOCATION (City or Town)

22b. DATE SIGNED

23o.	BURIA
	REMO

MEDICAL

CREMATION. 24. FUNERAL DIRECTOR

22c. PHYSICIAN'S

NAME (Type)

23b. DATE THEREOF 3/6/67 23c. NAME OF CEMETERY OR CREMATORY

2So. REC D BY REGISTRAR

9919 Georgia Avenue, Silver Spring, Md.

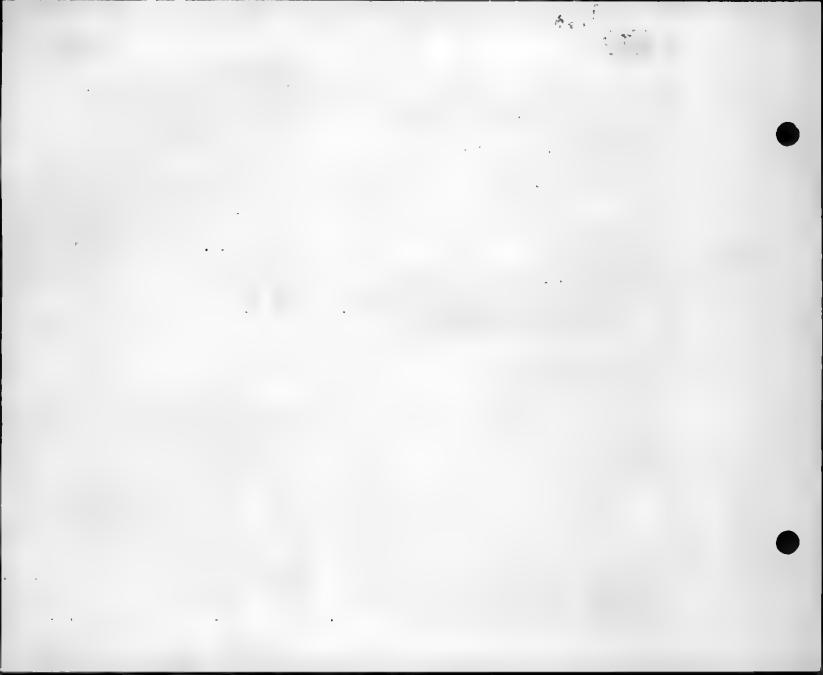
National Cap. Hebrew Cem. Washington, 25b. REGISTRAR S SIGNATUR

(County)

TO FUNERAL DIRECTOR: After

director, page 3 shauld shauld be filed with the

VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03948 funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MONTGOMER NITGOMER MARYLAND carban papers. Pages I ent, within 72 haurs after the b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) SILLER 8 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ⊑ filled 1 GASTEKM □ NO 🖂 STER 4. DATE 3. NAME OF Middle Last Month Day Year First campletely DECEASED (Type or print) 0F 7 19 6 SILVERSTLINI ĎĒĀTH YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH AGE (In years IF UNDER 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove 3 last birthdov) Manths Dovs Hours in ony WIDOWED pug 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10o TISTIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) please INDISTRY and OLAND WARSAW 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, ECHLA 16 SOCIAL SECURITY NO INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown)—(Iff yes give war or dates of service) SAME SILVERSTE. N INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) HAUI DHE TO signed l OCELUSION Conditions, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending State Dept, af Health priar ta CLERUSIS last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ngs CERTIFICATION VASCULAR CCIDENI NO this certificate 20g ACCIDENT WAS LINDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year "factory, street, office bldg , etc.) Haur o.m. Not While at work 19 6/ that (1) (we) last . 1962, ta 3 - 23 21. I certify that (1) Ithis haspital) attended the deceased fram. directar, page 3 shauld shauld be filed with the 1967, and that death accurred at 4 30 PM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 226. SIGNATURE MED. DIRECTOR STAFF PHYS. 25-22d ADDRESS 22c PHYSICIAN'S EASTERN GRNARD STROW 8107 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION DATE THEREOF - REMOVAL (Specify) BALTO OFECALLE BURIAL

**ADDRESS** 

GARRISON.

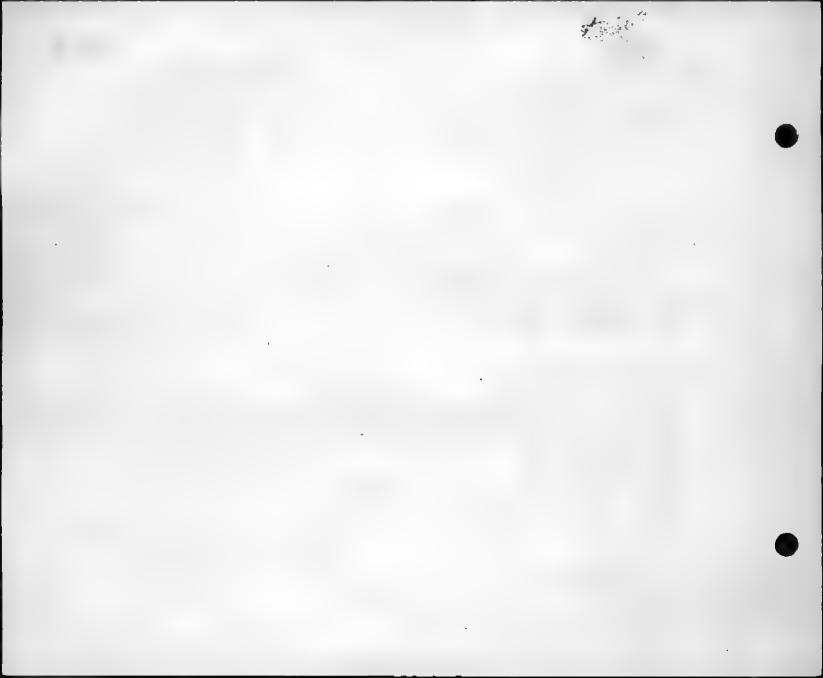
2Sa. REC'D BY REGISTRAR

1967

REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. O FUNERAL DIRECTOR: After VR A15 (4)

FUNERAL DIRECTOR



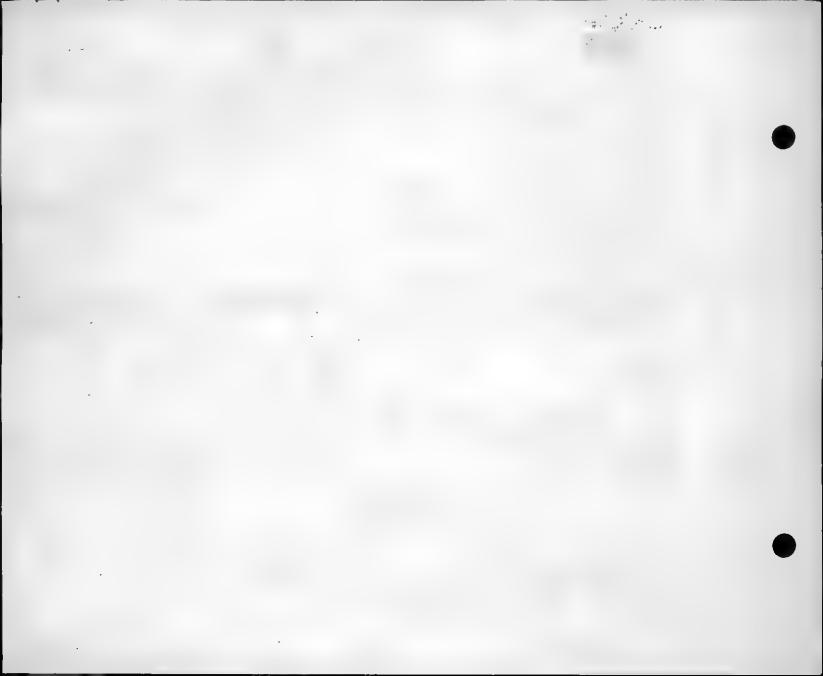
03949

CERTIFICATE OF DEATH

		CERTIFICATI	L OI DEAIN	02047
		LACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution o STATE COUNTY	Residence before admission)
1	(	COUNTYMONTGOMERY MARYLAND	MARYLAND SOOM	DIKIKKANAKATAKK
	ŀ	CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL	
	7	A KOMA PARK 5 days	ADELPHI	, , '
	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE
1	W	ASHINGTON SAN, Y HOSPITAL	1821 ELTON RD,	ON A FARM?  YES NO M
		NAME OF First Middle PECEASED (See A Control of Control	SMALL OF MARC	H 21 1967
	_	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF	UNDER 1 YEAR   IF UNDER 24 HRS
		FEM WHITE WIDOWED DIVORCED		onths Days Haurs M.n.
	100	USUAL OCCUPATION (Give kind of work done   10b KIND OF BUSINESS OR   1	11. BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	OUT	ng most of working life, even if retired) Our Rome	Maryland 200	.USA
	13.	FATHER NAME,	14. MOTHER'S MAIDEN NAME	
-		Albort UREDORF	SARAH CASTL	. E
1	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 YOUR WORD OF ONE OF SOCIAL SECURITY NO 17 YOUR SOCIAL SECURITY NO 17 YOUR SOCIAL SECURITY NO 17 YOUR SOCIAL SECURITY NO 17 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SOCIAL SECURITY NO 18 YOUR SECURITY	INFORMANT O SIGNATURE Address	1821 Efton Rd.
	-	18. CAUSE OF DEATH (Enter only one cause per line, for (o), (b), opd (c))	Hai	Lory MENACHMANA
		PART I. DEATH WAS CAUSED BY.	at lailue. allema	ONSET AND DEATH
		IMMEDIATE CAUSE (o)		
		Candit'ons, it ony, which gove ) (b) Trupertensive a	ardio-varentar direare	- anknown
		rise to immediate couse (o), stoting the underlying couse	1 +	. /
		lost (c) essential	hypertension	ankeron
	احا	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE THINNING DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
	CERTIFICATION	Carcinoma of	breast allema	YES NO
	IFIC.		D. (Enter nature of injury in Port 1 or Port II of item 18)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. Pt	LACE OF INJURY (Home, form, 20f (City or town)	(County) (State)
	WE	Hour o.m. While Not While of work at work	octary, street, office bldg., etc.)	
		21. I certify that (1) (this hospital) attended the deceased fram	3-16 ,1967 to 3-21	, 1967, that (I) (we) last
		saw the deceased alive on 3-2/ 1967, and th	at death occurred at 1015 M, from causes and	on the date stated above.
		220 SIGNATURE 2 1	ATTENDING MED. STAFF	22b DATE SIGNED
			MID PHYS DIRECTOR L. PHYS L.	3-21-67
1		22c. PHYSICIAN'S EINO MAGI	831 University Blvd.	E. Silver Spring
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City of Town)	(County) (State)
	R	REMOVAL(Specify) Mar 24, 1967 Cedar Hill (	Cemetery Snitland, Mary	land
	24	FILMERA DIRECTOR . BIL Co / Conference ADDRESS .		RAR S. SIGNATURE
	W	arner E. Pumphrey, Inc. Silver Sprin	At   RICH   Depart   Depart	wees Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then pleose removel carbor papers. Pages 1 and should be filled with the State Dept of Health priar to burial, cremation, or removal, and in ony evect, within 22 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67





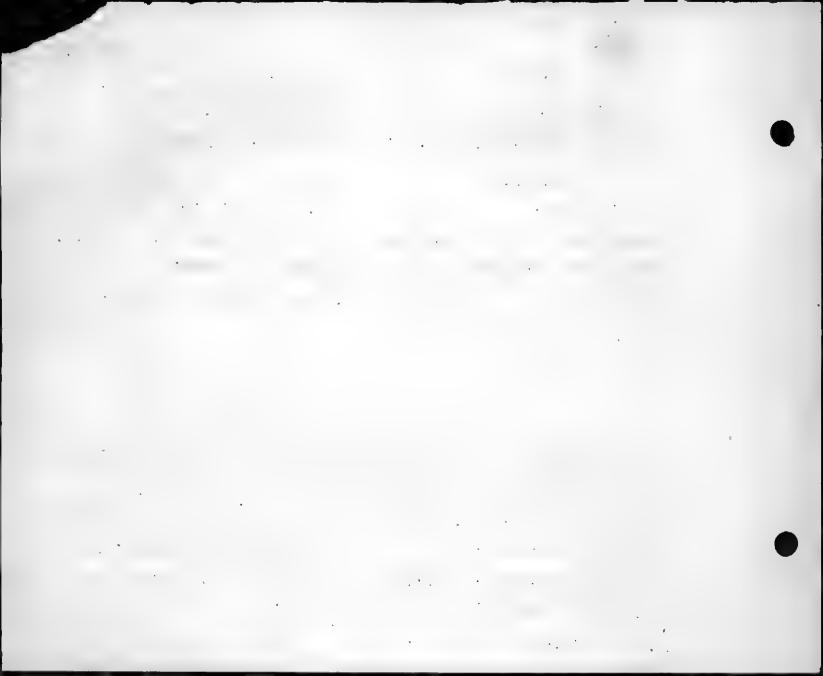
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	-	
0393		
tian.	717	

CERTIFICATE OF DEATH

	00000	,		CERTIFI	CAIL	OI DEMIN			13-2	GAR.	
1,	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)						
L		dontgomery		MARYL		Virginia					
		If outside corporate limit	\$,	c LENGTH OF STAY IN		c CITY OR TOWN (If ou		orote I mits, write RUR	AL and give	neorest town)	
L		da (fulfa)		9 days	3	Vienr	18			A.	
		AL OR INSTITUTION (If n	at in hospitol, g	give street oddress)	d. STREET ADDRESS		D .		e IS RE	SIDENCE FARM?	
		Hospital		<u> </u>		2533 Ran				YES [	No XX
3.	NAME OF DECEASED	Kenneth	rst	Middle	Chff	Lost <b>LIMAN</b>	4. DAT				Year
Ļ	(Type or print) SEX	6. COLOR OR RACE	7 MADDIED	James		B. DATE OF BIRTH	DEA	TH March  9. AGE (In years	IF UNDER 1		9 6 <b>7</b> DER 24 HRS.
3.	Male	Cauc	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	띔!	May 1, 1959	1	last birthdoy)	Months	Days Hour	
10,		(Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County		foreign country)	12 (17)	IZEN OF WHAT	
	ing most of working			OUSIRY V/A		Honolulu,				JNTRY?	
$\sim$	FATHER'S NAME			.,		14. MOTHER'S MAIDEN !		C I I		0.0	4.2
١,	John Smal	L1men				Mary E. D	avis				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addres	S		
L'''	No No	(If yes give war or dotes	n zeratre)		Job	n Smallman,	253	3 Rambling	Road,	Vienn	a.Va.
Г		EATH (Enter only one con								INTERVAL E	BETWEEN
	PAKI J. UEA	TH WAS CAUSED BY. IMMEDIATE CAUSE	(o) <u>Tet:</u>	ralogy of I	all	ot				ONSET AND	/ DCMIII
	76	DUE	, -			. 4. 0					
	Conditions, if any, rise to immediat	e couse (o),	(-/	sultal mail	Orm	ation heart					
	stating the under	rlying couse DUE									
		CHIEICANT CONDITIONS	(c)	O DEATH OUT NOT DELA	TED TO 1	THE TERMINAL DISEASE CON	ADITION C	IVEN IN DADT 1/n		119 WAS A	YZQOTI
§	TAKE II OTHER SE	OHITICALLY CONDITIONS Y	ONIKIDOINO	O DIAM BUT NOT KEEK	ILU IU I	THE TEXAMINAL PISEASE COM	IDITION O	THEN THE PAST TO		PERFOI YES <b>K</b>	
ā	20o ACCIDENT WAS	S UNDERTYING [	20b DE	SCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in	Port I or I	Port II of item 183		113 4	NO _
ERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200.00			(construction of miles) and					
MEDICAL CERTIFICATION		JRY Month, Day, Year	20d IA	IJURY OCCURRED	20e PLA	CE OF INJURY (Home, form	n, 20f	f. (City or town)	(Cou	nty)	(State)
SE SE	Hour o.r	η.	While of work		foct	ory, street, office bldg., etc.)					
	21. 1 certi	fy that (9) (this has	pital) attend	ded the deceased fi	ram_N	arch 14	9.67	to March 2	3, 196	7, that (3)	(we) last
		eceased alive an	March 2	2319_ <b>67</b> , ai	nd that	death accurred at	<u> 215A</u>	M, from causes a	nd on th	e date stat	ed abave.
	220 SIGNATURE	. Id	14	ey lor		ATTENDING	MED.	STAFF 5		resigned	1067
	22c PHYSICIAN S	ual 4 N	-		J.M.	22d. ADDRESS	DIRECTOR	PHYS E	MAL	GII 23,	1901
	NAME (Type)	Donald H	. Gaylo	p/, M. D.			snit	al, Bethes	đa. M	d.	
23	o. BUR AL CREMAT (	DN. 23b. DATE TH	FREOF	23c. NAME OF CEMET	FRY OR			LOCATION (City of Tow		(County)	(Stote)
	REMOVAL (Specifi	Mar.	AP					rlington.	,	~~~····!/	(2.0.0)
2	4. FUNERAL DIRECTO	R Falls Chu	rch Fur	era laboress 4/7	0-0	Va DMAR			12 PRACTO	GNATURE	
		2 West Bro				Va. MAK	2-1	1967	ione	2 Jung	~

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, mage 3 shmuld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67





VR A15ME

[5]

24. FUNERAL DIRECTOR

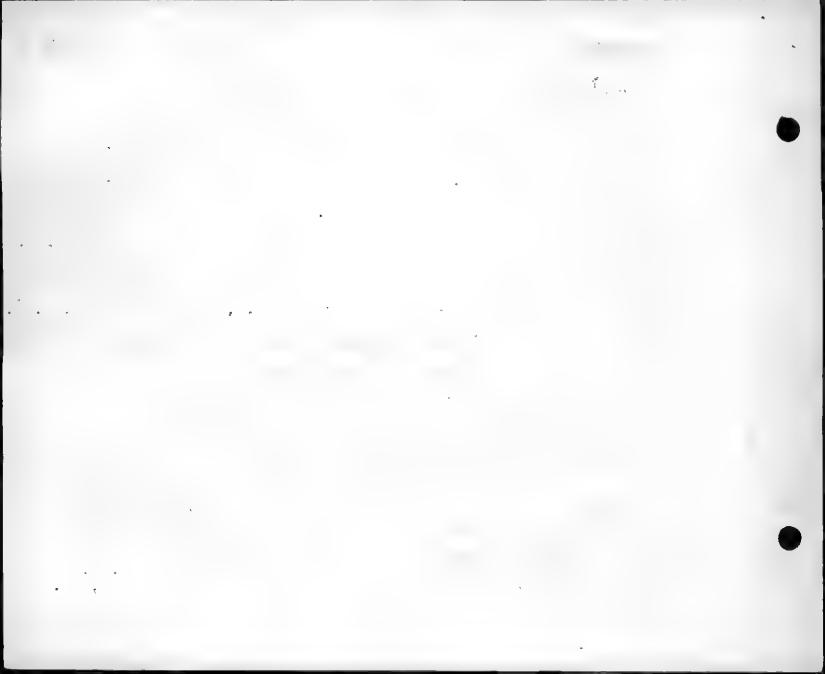
230 BUR AL, CREMATION,

3-2-67 PUMPHREY, Bethesda, Maryland

23b DAYE THEREOF

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

23d tocation (Cty or Town) (County) Suitland, Maryland



FOR ST	
ny deloy is 2, ond 3 to PM3. Page	portment af after death.

any delay is

nd Sporth the State Department of

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be eximuted within 24 hours ofter death. It

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office alang with form

Heolth or its designated agent, pror to buriol, cremation, or removal, and in any event within 72 hours after death. 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages 1 a

$\sqrt{03}$	953		MED	ICAL EXAMIN	VER'S					0	3951	
PLACE OF		omery						here deceosed ngton			ence before od	m'ssion)
write	R TOWN (If outsid RURAL and give n	le corporate limits earest town)		c _ENGTH OF STAY I				side corporote			ive negrest for	ми) -
d NAME (				give street oddress)		d. STREET AC 4541		Street	N.W.		e IS OI YES	RESIDENCE N A FARM? NO 🖂
NAME OF DECEASED (Type or )	)	MARY	f	PAULINE	3	SMIT	'H	4 DATE OF DEATH		onth arch	Doy 30,	Year 19 67
Fema		or or race hite	111001110	NEVER MARR ED		DATE OF BIR	Th	9	AGE (In year: <b>8:9</b> birthdoy yr:	) Months	Doys H	ours Min
dur <b>P10061</b>	CCUPATION (G ve k	ind of work done ri if retired)	10b K	ND OF BUSINESS OR WINEYHOme		11 BiRIHPL	1	or foreign coun Maryl		Ü	ITIZEN OF WE OS IRYA.	TAI
13 FATHER S	nknown						ıknow	'n				
(yes: MO DEC	EASED EVER IN U.S nknown) (If yes (	ARMED FORCES? live wor or dotes of	service	social security NO. none	Mr Mr	FORMANT s. Eth	el Ay	ers S	ame a	ddress as #2		
rise to i stoting lost.	ns, fony, which mmediate cous the underlying c	ouse DUE	(d)	thrio	icl	enot	Le	Heer	r.L.	Dis	caso	,
ATION	OTHER S GNIFICA	-		TO DEATH BUT NOT REL							PER VES [	S AUTOPSY FORMED? NO
	Y ☐ or CONTRIBUT F DEATH	ING 🗆	100 0	ESCRIBE HOW REON! OF	CCORRED (		,,,,	3.7 1 3. 1 311 71				
WEDICAL SOC I W	AE OF NJURY Ma Hour o.m. pm.	nth, Doy, Yeor 19	20d I While at wor			OF IN.URY (i ry, street, office		20f (	City or fown	) ((	ounty)	(State)
1	I certify that th resulted fro	0	af the cer causes	mains described at , Accident	ave, hel , Suicio	de 🔲, 🛮 h	sy, lamicide F MEDICAL I	<u> </u>	lefermined	nguiry 🔀, manner [	and in	my apiniar
ACTUAL SIGNATI EXAMIN NAME (	URP CONTROL OF THE PARTY OF THE	den Re	ap M.	D. Clafe	2	M D ASSI	STANT MEDICAL	CAL EXAMINER	20	Monta		DATE SIGNED /30/67
230 BURIAL,	CREMATION,	47376TH		23r NAME OF CENT	ETERY OR C		1000 (315081)				est Wi:	rginia
24 FUNERA	L DIRECTOR			ADDRESS			2So. REC'D	BY REGISTRAR	25	PEGISTRARIS	SIGNATURE	yC.

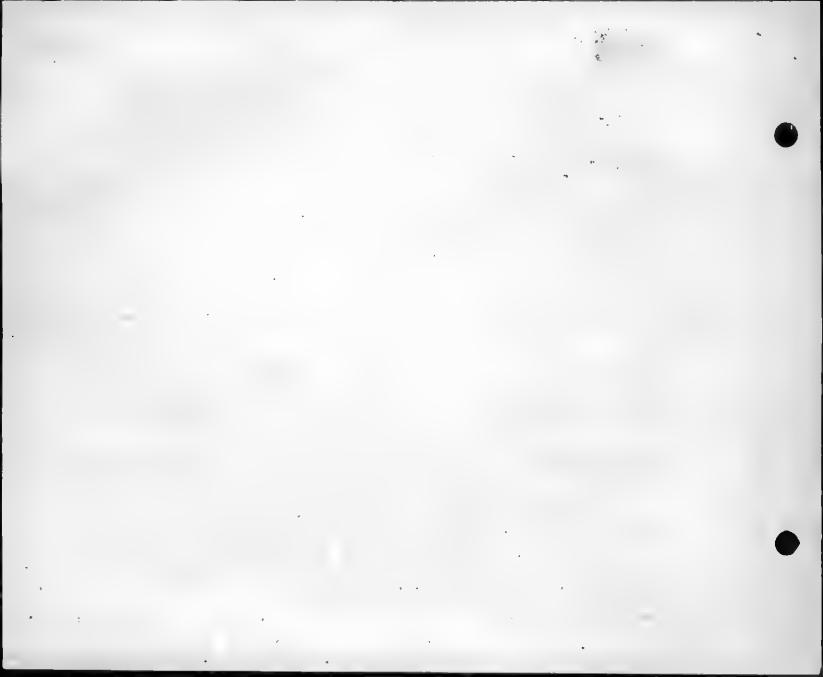
VR A15ME (5) 6M 1/66



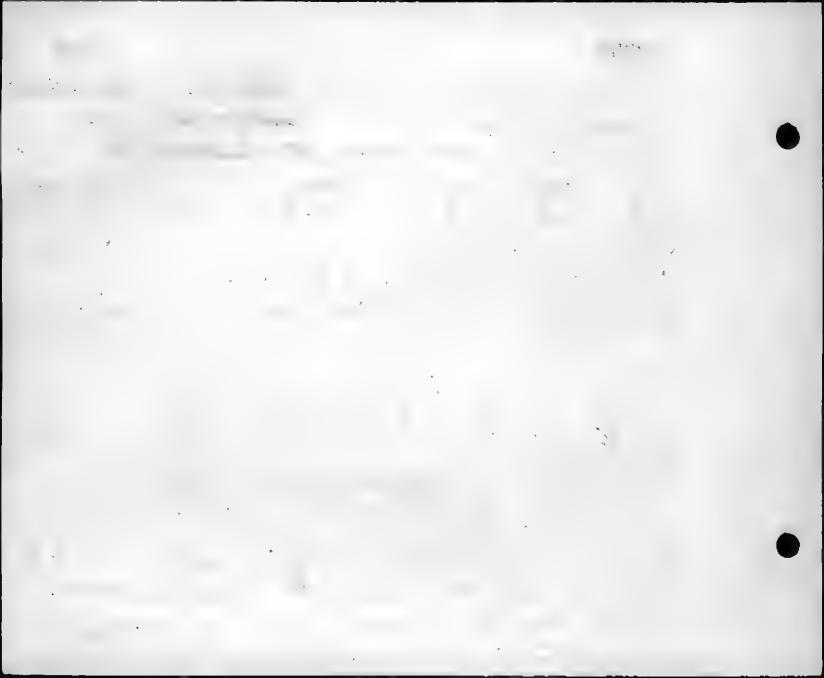
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	03954		CERTIFIC	ATE	OF DEATH	·	• • • • • • • • • • • • • • • • • • • •		033	952
	PLACE OF DEATH				2. USUAL RESIDENCE (V	Where dece			e before o	odmission
	a. COUNTY Montgomery		MARYLAN	io	g. STATE Michi	.gan	b. COU	NTY		~
	h CITY OF TOWN OF nutside compone limits	C	LENGTH OF STAY IN 1	ь	c CITY OR TOWN (If ou		irate limits, write RL	IRAL and give	nearest t	awn)
	write RURAL and give nearest town) Bethesda		37 Days		Grant			r_	51	2
Н	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give			d STREET ADDRESS				9	S RESIDENCE ON A FARM?
T	he Clinical Center, Be	ethesda	a, Marylan	d_	No Stree	t Add	dress			S XX NO D
3.	NAME OF First DECEASED		Middle		Last	4. DATE	Mor	ith	Day	Year
	(Type or print) Mildred		Elaine		Smith	DEAT	H March		22	19 67
S	SEX 6. COLOR OR RACE 7.1	MARRIED 🔲	NEVER MARRIED	8	DATE OF BIRTH		9 AGE (In years last birthday)	Months		F UNDER 24 HRS. Haurs Min.
	Female White W	IDOWED X	DIVORCED [	38			59 Yrs.			
100	USUAL OCCUPATION (Give kind of work done	106, KIND (	OF BUSINESS OR		11. BIRTHPLACE (County	& State, or	fareign country)		ZEN OF V	VHAT
dui	ing most of working life, even if retired) Nurse's Aide	Hos	spital		Michiga			ÜS		
13.	FATHER S NAME				14. MOTHER'S MAIDEN I	NAME				
	Ai Blood				Claud	ia F	nlev			
15	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, ar unknawn) [[If yes give war ar dates af sen	16, 500	AL SECURITY NO.	17. IN	FORMANT The Me	dica.	Records	ess		
Ĺ.,	No	1 378	-38-6001 1	The	Clinical C	enter	Bethes	da, Ma	ryla	nd
	18. CAUSE OF DEATH (Enter only one cause pe								INTER	VAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Blas	tic crisis						1-17	2 months
	2041 DUE TO									
	Conditions, if any which gave (b)	Chro	nic myelog	eno	us leukemia	t .			2 ye	ars
	stating the underlying cause DUL TO									
	last. (c)_									
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO D	EATH BUT NOT RELATED	D TO TH	HE TERMINAL DISEASE CON	NDITION GI	VEN IN PART I(a)		19 W	AS AUTOPSY ERFORMED?
Ě									YES	NO 🗆
MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OCCUI	RRED. (I	Enter noture of injury in	Part 1 or P	art 11 of item 18.)			
33	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
100	20c. TIME OF INJURY Month, Day, Year Hour a.m.				E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		(City ar tawn)	(Cau	nty)	(etat2)
3€	p.m. 19	at wark L	at work			1	(10)	-1		15
	21. I certify that MX(this haspita saw the deceased alive an 2.5.	l) attended Jameh	the deceased fra	m	3 FOD. , l	907	to ZZ MAI	<u>en</u> , 190	1, that	t (t) (we) last
	22a. SIGNATURE	ELL CIT		ı mar	dedin accorred at	<u> </u>	m, irgiii causes		TE SIGNED	
	X. 1000 1 64	ONA.	14 (1	M.D	ATTENDING PHYS	MED	STAFF C	23 Ma		
П	22c. PHYSICIAN S	uco (	non	MILD	22d ADDRESS Th	e CI	nical Ce	nter.	Nati	onal
	NAME(Type) I. David G	oldman	. M.D.		Institut					
230	BUR'AL CREMATION. 236. DATE THEREO		23c. NAME OF CEMETER	Y OR C		23d	LOCATION (City or To	iwn)	(Caunty)	(State)
B	urral spedyransit 3-24				nter Cem.		hland To	ownsh		
2					land MAR		1967 25b	EGISTRAR'S SI	GNATURE	ter.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corresponding pages. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any security within 72 hours after the state of VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03955 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence perfore admission 1. PLACE OF DEATH o. COUNTY b. COUNTY requires that the deoth certificate be executed within 24 hours after von popers. Poges 1 within 72 hours after MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN emets, write RURAL and give nearest town write RURAL and give e IS RESIDENCE ON A FARM? .≘ OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS completely filled NO X NAME OF Middle DATE Manth First Doy Year pou DECEASED 30 signed by the ottending physician and complete buriol-transit permit. Then pleose remove carb burial, cremotion, or removal, and in any event. 196 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE NEVER MARRIED 7 MARRIED buthday) Months Doys Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done during most of working lite even if retired) RETIRED 13 FATHER'S NAME INFORMANT (Yes, no, or unknown) (If yes give war or dates of service STURGES 4515 CLERMON INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO 100 stoting the underlying couse os the State Dept. of Health prior to lost. PERFORMED?
YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL/DISEASE CONDITION GIVEN IN PART HO certificate 20a ACCIDERT WAS JNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED O FUNERAL DIRECTOR: After this Hour a.m. factory, street, office bldg., etc.) Not While ot wark 19<u>67</u>, that (1) (we) last 21. I certify that (I) (this haspital) Attended the deceased from director, page 3 should should be filed with the and that death accurred at SAM, from causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o SIGNATURE DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. harles 1.406 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOI 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mount Annuille 2So. REC D BY REGISTRAR FUNERAL DIRACTOR Pumphrey VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

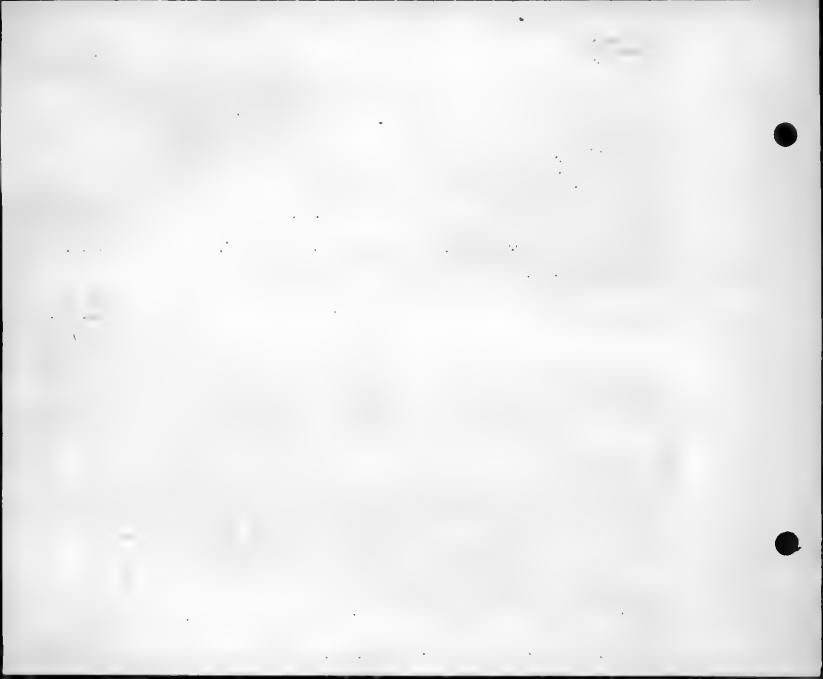
03956 CERTIFICATE OF DEATH								0000	
T.	PLACE OF DEATH					2. USUAL RESIDENCE (\	Where deceased lived, if institu	ution Residence leaders de assion)	
	COUNTY Montgomery			88.6	RYLAND	o. STATE	b (OI	unty ontgomery	
$\vdash$	h CITY OF TOWN (	h ( TY OR TOWN (If outside cornorate limits			IN 1b	CITY OR TOWN (If an	itside corporate limits, write RI	IIRAL and give negrest town)	
	write RURAL ong	give pearest town)	3/	7 hour		Silver Sp		1 2 - 1	
	Jakoma Park					d STREET ADDRESS	iring	e IS RESIDENCE	
		I NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						ON_A_FARM?	
	Washington Sanitarium and Hospital					10311 Bro	okmoor Drive	YES NO K	
3	NAME OF First Middle DECEASED 0 4 6					Lost	4 DATE Moi	nth Doy Year	
L	(Type or print)	Lamonte	Fre	derick	Son	memann	DEATH March		
S	ZEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRI		DATE OF BIRTH	9. AGE (In years last pirthday)	Months Doys Hours Min	
	male	white	WIDOWED	DIVORC	ED 🔲 🖁	lan. 1, 1900	0 / yrs		
		(Give kind of work done	10b k	(IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT	
	ung most of working	ure, even it retired. LON ENGLNES	r Bla	NOUSTRY Constru	nction	Washington	2. D. C.	COUNTRY?	
	FATHER'S NAME					14 MOTHER'S MAIDEN I	NAME		
13	Frederick Sonnemann Sarah Estelle Dasker								
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	, 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	Add	ress	
(Yes, no, or unknown) (If yes give wor or dates of service) None  Wes Mrs. Lila Sonnemann Silver Spring								Brookmoor Drive	
H	18. CAUSE OF DE	ATH (Enter only one co	se per line fo				1,000,00	INTERVAL BETWEEN	
	PART I DEATH WAS CAUSED BY.								
	16 d I DIE TO								
	(conditions, if any, which gove) (b) BRONCHOGENIC CARCINOMA WITH							4167905	
	rise to immediate couse (o), DIE TO							1/200	
	stoting the underlying couse (c)								
Ł	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
CERTIFICATION	Emp ALSEMA  PERFORMED? YES \( \square\) NO \( \square\)								
2	200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
EE	OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)								
3	(iii Ellinere, itolii i	MEDICAL EXAMINER)  JRY Month, Doy, Yeor	204	INJURY OCCURRED	2Do PLAC	E OF INJURY (Home, form	20f (City or town)	(County) (State)	
MEDICAL	Hour o.c	n.	While	e Not While		ory, street, office bldg , etc.		(500,0)	
[ -	p.r		0W 10		11		10/3 - A- 10046	7 10/7 11-1 (1) () 1-	
	21. 1 certify that (1) (this hospital) attended the deceased fram TULY, 1983 to MRCH 7, 1967, that (1) (we) las saw the deceased glive an MRCH 7 1967, and that death accurred at 1/2 AM, fram causes and an the date stated above								
	saw the deceased alive an 1967, and that death accorded at 27 27m, train causes and an the date stated above								
	M.D ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR 1967.								
	22c PHYSICIAN'S PARTET L. KRICHMAR 22d. ADDRESS 7733 BLASKA AVENUE N.W WASH D.C 2001.								
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote									
Burial (Specify) March 10, 1967 Parklawn Cemetery Rockville, Maryland									
01	John B. Thomas what themas Address Address Avenue MAR 10 1967 Charles Judge Warner E. Pumphrey Inc. Silver Spring Ma								

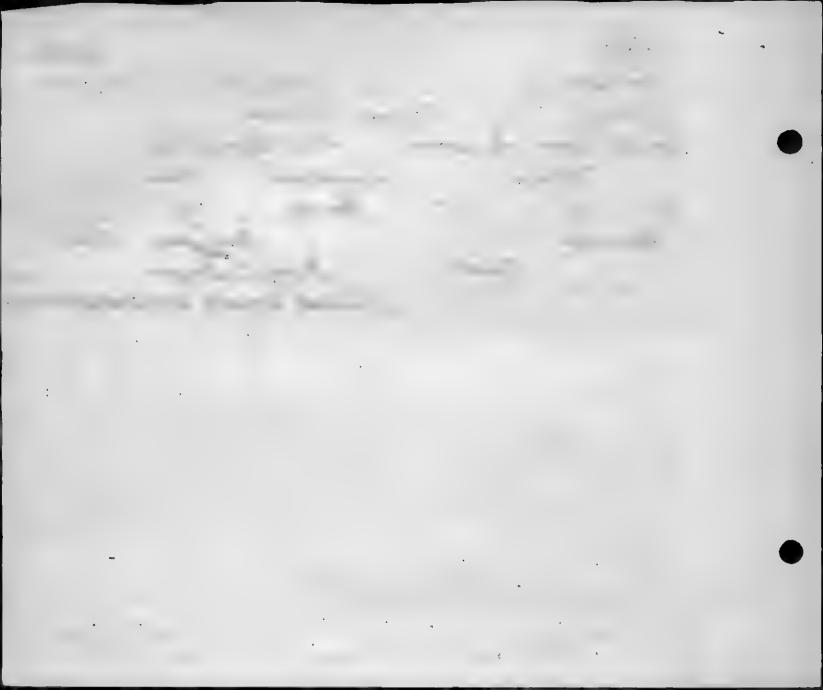
10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate began curred within 24 havrs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on<del>d can</del>pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feether.

7/

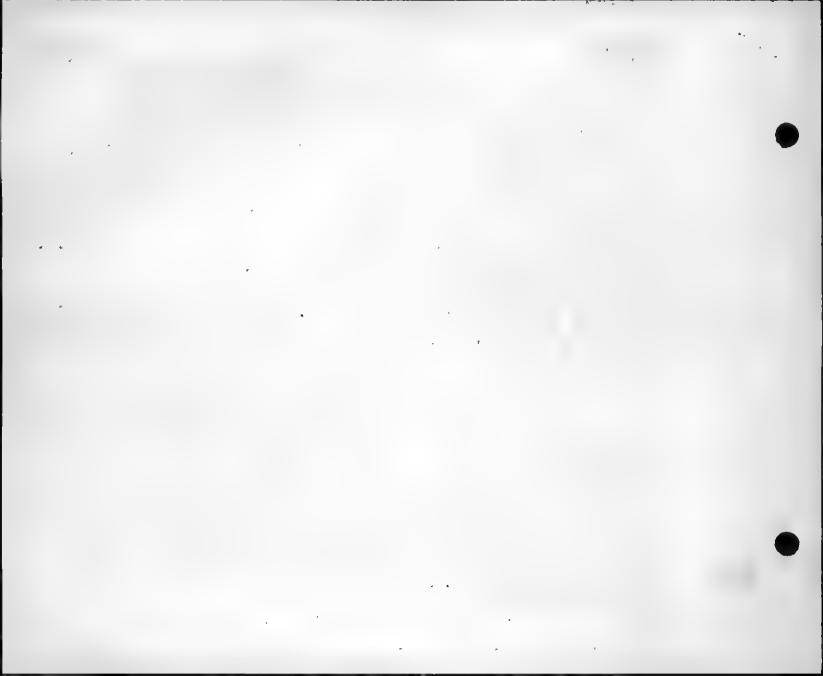




VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #14 Film #0357.3/25/27 pc CERTIFICATE OF 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH COUNTY and kompletely filled in by the fun remove coban papers Pages 1 n any event within 72 haurs after b CITY OR TOWN If autside carparate limits, MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after c LENGTH OF STAY IN 1b e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If natur hospital, give street address) d. STREET ADDRES DATE 3. NAME OF Middle DECEASED OF DEATH 19 (0 (Type or print) and in any event AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7 MARRIED **NEVER MARRIED** last birthday) Months Davs Hours WIDOWED DIVORCED physician and 12. CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Courty & State, or foreign country) COUNTRY? U.S. during profit of working life, even if retired) Govt-Retired ease 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME byrial, crematian, ar removal, attending phy permit. Then Thomas Spencer of Sheal Magee Mary 16. SOCIAL SECURITY NO 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Wife (Yes, na, ar unknown) (If yes give war ar dates of service Item 2. Same as 215-38-4353 Mary C. Spencer Yes INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: NAMEDIATE CAUSE (o) Metastatic carcinoma in lungs with extension Page 4 may be retained by the haspital ar attending physician. DUE TO into left atrium Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta l (a) Adenocarcinoma of rectum last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 🔼 NO TO FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 2). I certify that (I) (this haspital) attended the deceased fram and that death accurred at 1/5 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D DIRECTOR **ADDRESS** 22c. PHYSICIAN'S 5413 Cedar Lane, Bethesda, Maryland NAME (Type) Henry Scruggs, M.D. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 235 DATE THEREOF 23o BURIAL, CREMATION (County) Burial (Specify) 3-10-67 Silver Spring. Gate of Heaven Cem. Maryland ADDRESS 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/68 PUMPHREY, Bethesda, Maryland 1967



Item #23c & d per talepione CERTIFICATE of DEATH 03960 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COHNTY MARYLAND CITY OR TOWN (If autside carparate limits, write RUPAL and give nearest tawn) c. LENGTH OF STAY IN 16 outside carparate limits, write RURAL and give nearest town) months e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) YES NO 50 3 NAME OF Middle DATE Day Year DECEASED Katherine 196 (Type or print) DEATH SEX V DATE OF BIRTH AGE (In years IF UNDER YEAR IF UNDER 24 HRS. 6 COLOR 7. MARRIED NEVER MARRIED last birthday) 80 yrs. Months Days Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind at work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Retired Principal s Washington, 13. FATHER'S NAME Gred Steinle Clara Jouvenal IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates af service Nο None 20-44-6360 Elsie Michaelsen INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise ta immediate couse (a), DUE TO stating the underlying cause 6klos. last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B) 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, affice bldg, etc.) Hour a.m. Nat While at wark at work 21. I certify that(1) (this hospital) attended the deceased fram and that death accurred at 219 PM, fram causes and an the date stated above Now the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** PHYS DIRECTOR **ADDRESS** 22d. SILVER COLUMBIA BLUD BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Was (County) 23b DATE THEREOF REMOVAL (Specify) Burial 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

Inc.

death. executed within 24 haurs after delath. the attending physician and completely filled in by the funeral ssit permit. Then please remave carban papers. Pages I and nation, at removal, and in any event, within 72 hours after deat - Sales requires that the death certificate be or remoyal, burial, crematian, signed by the burial-transit by the haspital ar attending physician. be detached far use as the State Dept. af Health priar ta has been O FUNERAL DIRECTOR: After this certificate OR ATTENDING PHYSICIAN: be retained 바 shauk director, page 3 sha should be filed with O HOSPITAL Page 4 may

> VR A15 (4) 20 M 1/66



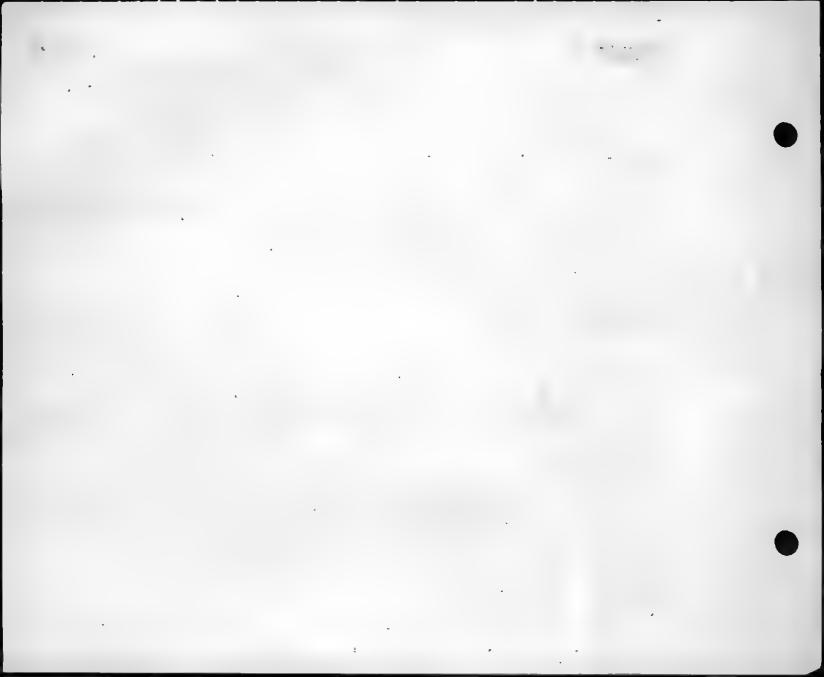
by Me Tureral Pages + and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Pured director, page 3 should be detached for use as the buriol-transit permit. Then please remaye corbon papers. Pages—Fand 2—should Le filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any exempt, within 72 hours after death.

VR A15 (4) 20 M 1/66

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The fow requires that the death certificate be executed within 24 hours affer death. Page 4 may be retained by the hospital or attending physician.

	03961	* *		CERTIFIC	ATE	OF DEATH				03	981	
1	PLACE OF DEATH g. COUNTY					2. USUAL RESIDENCE (	Where decease			ce befare	admissio	n)
		tgomery		MARYLA	ND	g. STATE Many	yland	b. cou	NIY Son	mers	et '	
۲	b. CITY OR TOWN (1	f autside carparate limits,		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If ou		te amits, write RU	RAL and give	negrest	town)	
		l give nearest tawn) hesda		48 days		Pri	ncess	Anne				
Н	d NAME OF HOSPITA	AL OR INSTITUTION (If not i	in hospitol, g	rve street address)	***************************************	d STREET ACCRESS				e	IS RESID	ENCE
		cal Center,			nd	Rou	te #2,	Box 12		Υ	ON A FA	
3	NAME OF	First		Middle		Last	4 DATE	Mon	th	Doy	Yea	r
L	Type or print	Rilev		(None)		Stevenson	OF DEATH	Mar	ch	26	19	67
S	SEX		7 MARRIED	NEVER MARRIED	and the same of the same of	B DATE OF BIRTH		AGE (In years	IF UNDER			
	Male	Negro	WIDOWED	DIVORCED	ōl	5 April 192	29	last birthday) 37 yrs	Months	Doys	Haurs	Mirs.
Ĭ(	a USUAL OCCUPATION	(Give kind of wark done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or for	eign country)	12 (11	TZEN OF	WHAT	
ď	uring mast of warking l Labores		INI	Constru	cti	on Mary	land		(0)	UNTRY?	USA	
1:	3. FATHER'S NAME					14 MOTHER'S MAIDEN I	NAME					
L		William Ste	venso	n.				ouise Cu				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFOR (Yes, ng, or unknown) (If yes give war ar dates of service)						NFORMANT The Me	FORMANT The Medical Recorddress					
Ľ	Yes	1951-1953	2:	15-26-4117		Clinical Center, Bethesda, Maryland						
Г	IB. CAUSE OF DE	ATH (Enter only one cause					-			INTE	RYAL BETY	WEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pseudomonas lung abscess								B we	eks	CATH	
П	JOIX DUE TO											
L	Conditions, if ony, which gave (b) Hodgkin's Disease								9 y	ears		
L	stating the underlying cause DUE TO											
	last.	) (c	)									
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									19.	WAS AUTO PERFORME	PSY
ATIC.												NO 🔯
CERTIFICATION	20o. ACCIOENT WAS	UNDERLYING   CAUSE OF DEATH	205. DE	CRIBE HOW INJURY OCCU	RRED.	(Enter noture of injury in	Part I or Port	II af item 1B.)				
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJL. Hour a.m	JRY Manth, Day, Yeor				CE OF INJURY (Hame, farm		(City or town)	(Cou	inty)	(5	itate)
ă	p.m	10	While at work	Nat While at wark	TOCT	ory, street, office bldg., etc.)						
Н	21. 1 certif	fy that (1) (this haspi	tal) attend	led the deceased fr	ım_	February, 1	9 <u>67</u> , to	26 Mar	ch, 196	57, the	r) (A) te	ve) las
		eceased alive an 20		h 19 677, an	d that	t death accurred at	9:15 M	, fram causes	and on th	ne date	stated	above
	22a. SIGNATURE	1 W/ I-	11	/ ! / .		ATTENDING	MED II.	STAFF		ATE SIGNE		_
		Matten	A.	(onen	M.E	D. PHYS.	DIRECTOR	LJ PHYS. 📮			h 19	
ı	22c. PHYSICIAN'S NAME (Type)					22d ADDRESS Th	e Clin	ical Cer	iter,	Nati	onal	
L	<u> </u>	ASSISTED TO THE PARTY.				Institute	S OI H	ealth, b	setnes	da,	Ma.	
2	3a. BURIAL, CREMATIC  REMOVAL/Specify	N, 23b. OATE THERE	EOF	23c NAME OF CEMETE	RY OR I	CREMATORY		ATION (City or To		(County)	(St	ate)
L	MOYALI Specify		/67	Mt. Garme	1			ncess.				
	24. FUNERAL DIRECTO		n 10114	ADDRESS	A 1	2So. RECT	BY REGISTRA	IOC7 25b RE	GISTRAR'S S	GNATURE	dan	
	LITTISM	H. James J:	$C \bullet T_{-}T_{+}T_{-}$	mess will	C P I	DATMAI	31	1001	- Carpe	M X	The same of	•



		03962		CERTIFICATE	OF DEATH		03961	
de Julia	1 F	LACE OF DEATH				here deceased lived, if institu b. COU	tian: Residence befare adn	nission)
有一名		ontgomery		MARYLAND	"Maryland		Montgomery	
ge and		<ol> <li>CITY OR TOWN (If autside corporate RURAL and give nearest)</li> </ol>		ENGTH OF STAY IN 16	_ ` _	side carparate limits, write KL	JRAL and give neorest tow	n)
Po Po	5	ilver Spring	i	3 years	Silver Sp	ring	1.1	
i= 25.5	. (	I NAME OF HOSPITAL OR INSTITUT	ION (If not in haspital, give st	reet address)	d. STREET ADDRESS	,		RESIDENCE A FARM?
filled repairs friin 7	8	15 Islington S.	treet		815 Islin	igton Street	YES	
見ばる		NAME OF	Fist	Middle	Lost	4. DATE Mor		Year
completely ove corbor y event, wi	- {	DECEASED Type or print)	book Oral	Vernon	Stewart	OF MON,	8	1967
e co	5. 5	SEX 6 COLOR OR	RACE / MARRIED X		DATE OF BIRTH	9. AGE (In years		NDER 24 HRS
nd completely filled in by the remove corbon papers. Pagany event, within 72 hours Reap, D.M.C.	191	ale whit	€ WIDOWED □	DIVORCED A	pril 15, 191	04 last birthday) 62 yrs.	Months Days Ho	urs Min.
a a a	10o	USUAL OCCUPATION (Give kind of v	vark done 10b KIND OF	BLSINESS OR	11. BIRTHPLACE (County 8	State, or fareign country)	12 CITIZEN OF WHA	AT .
edse ond		gg mast af working life, even if retii asterer	ed) Const	ruction	West Virgi	nia	COUNTRY?	
280		FATHER S NAME			14. MOTHER'S MAIDEN N			
signed by the attending physicion and signed burial-transit permit. Then please remiburial, cremation, or removal and an exact with Dr. Belder	Re	bert L. Stewar	t		Annie Bec	kett		
ing Tem	TS.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	L SECURITY NO. 17 II	FORMANT	Addi	ress	
he attending print permit. The ation, or remo	(Ye	s, no, or unknown) (If yes give war	1 1/100	s Han	nan P. Stew	art 815 9sl	ington Stre	et
the after risit permutation, mation,	777	IB. CAUSE OF DEATH (Enter on		b), and (c),)		्रेस्टर रे		
signed by the burial transit burial, cremati		PART I. DEATH WAS CAUSEI		nalized C	aus Eurose	ratores		ND DEATH
a creaty		· 4X					1	
arie 3		Canditians, if any, which gave	(b) Carzes	noma of	Kertura	~	24	land
in signed be burial-truly critical control critical criti		rise to immediate cause (a), ( stating the underlying cause (	DUE TO	V				
rhe S		last.	(c)					
hos been se as the th prior to	.,	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS	AUTOPSY ORMED?
는 SK를 있	CERTIFICATION			_			YES [	NO X
this certificate letached for u	틸	20g ACCIDENT WAS UNDERLYING I		HOW INJURY OCCURRED. (	Enter nature of injury in P	art 1 ar Part II of Hem 1B.)		
ed to		OR CONTRIBUTING ☐ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM)						
is ach	MEDICAL	20c. TIME OF INJURY Month, Do	y, Year 20d INJURY		E OF INJURY (Hame, farm,	20f. (City or tawn)	(County)	(State)
det det	띯	Hour a.m.	19 While of work	Nat White Coto	ry, street, office bldg., etc.)			
Sta De Sta		21   L certify that (I) (	this hospital) attended	the deceased fram	, 19	50, to & Mar.	, 1967, that (	I) (we) last
the the	П	saw the deceased aliv	re an 28 Feb	19 <u>67</u> , and that	death accurred at,	<u>5.7にど</u> M, fram causes	and an the date st	ated abave.
cTOR: should vith the		22a SIGNATURE	2 1	40 5	ATTENDING (	MED. STAFF	22b DATE SIGNED	
e 3 e d v		141	Dureln	MO- MD	. PHYS	DIRECTOR L PHYS. L	1 3/4/6/	
bod Eligi		22c. PHYSICIAN'S NAME (Type)	QUEEN		5 clues	4 University	Blud. W	
9 e E						Sprang,	198-	
for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	REMOVAL (Specify)		c. NAME OF CEMETERY OR C		23d. LOCATION (City or To		(State)
2 5 2		Buriai Mai	ch 11, 1967	<u>Parklawn Cem</u>	etery		Maryland	
VR A15 (4)	24	FUNERAL DIRECTOR Gen Capter	Gelm 6 lets 811	34 Georgia A			EGISTRAR'S SIGNATURE	40%
20 M 1/	177	TANEL PURPLY	eu Inc Sign	On Sprayer	penne DATMAF	R 1 3 1967 /		0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physicion.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03963 deoth. deoth. completely filled in by the funeral tove carbon papers. Poges 1 and y event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COLINTY D. COUNTY/ MARYLAND The law requires that the death certificate be executed within 24 hours after CITY OR TOWN / autside carparate limits, C LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RJRA, and give nearest tawn) write RURAL and give negrest tawn) ensington e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO T YES 3 NAME OF Middle DATE Doy Year DECEASED 19 Vewett DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED ighday) Manths Days Hours In any ( WIDOWED \* DIVORCED 12 CITIZEN OF WHAT KIND OF BUSINESS OR (County & State or foreign country) 10a HSLAL OCCUPATION (Give kind of work done 10b during most at working life, even if retired) COUNTRY INDUSTRY home 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Wheel cremation, or remov R115-17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. West Highway East (Yes, na, ar unknown) (If yes give wor ar dates of service No Yone INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burnal-tronsit IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be refained by the hospital or attending physicion. DUE TO Grucos Conditions, if any, which gave rise ta immediate cause (a), DUE TO OUZH stating the underlying cause as the prior to hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health NO X this certificote 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (County) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. While Nat While TO FUNERAL DIRECTOR: After 19.50, to 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at 3:50 FM, from causes and an the date stated above. saw the deceased alive on 2 march 1967 22b. DATE SIGNED 220/ SIGNATURE STAFF MED. DIRECTOR M.D. ADDRESS 22d 220 PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURYAL CREMATION 23b DATE THEREOF

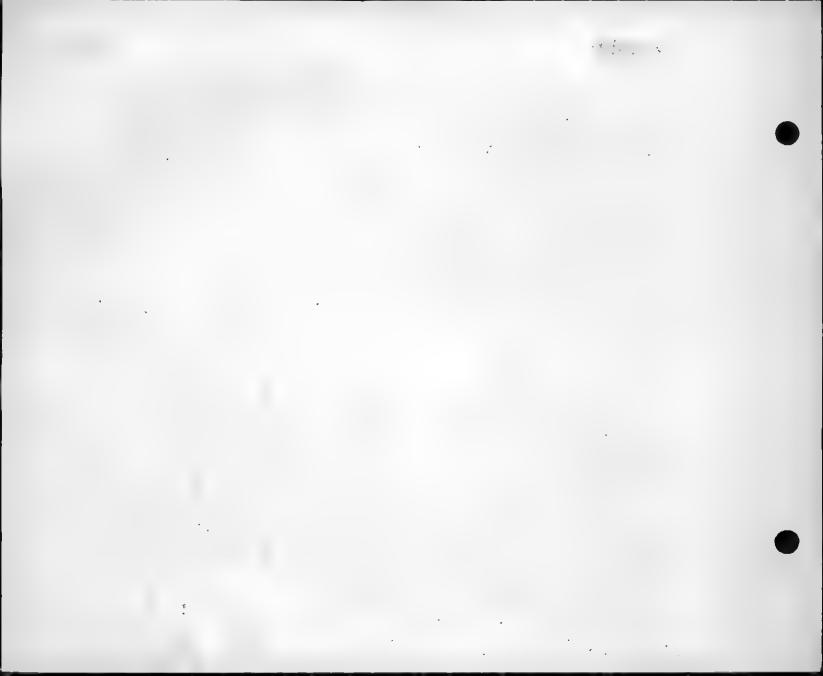
2Sb. REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

DEMOVAL (Specify)

Flineral Director
Gien Earte



I:	tems 18-21 Film 387 4-4-MARYLAND STATE DEPARTMENT OF HEALTH	
<del>-</del> 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	03964 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03963
HEALTH DEPT.	1 PLACE OF DEATH O COUNTY O STATE O STATE O STATE O STATE D. COUNTY O STATE O	on Residence before admission) / RTY  CINCE GEORGE  A and quie perest town
detay i ond 3 to M3 Pog	write RURA and give nearest flown)	RAL and give nearest town)
7my de 2, ond PM3 partmi	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
form form	WASHINGTON SAN. & HOSP. 6519 PARKWAY COL	ON A FARM? YES NO
offer death If any delay 8 Give Poges 1, 2, and 3 along with form PM3 Powith the State Department	3. NAME OF First Middle Lost 4. DATE Mont	h Doy Year 13, 1967
5 5	S SEX  6 COLOR OR RACE / MARRIED NEVER MARRIED   8 DATE OF BIRTH  MALE WHITE WIDOWED DIVORCED VLV 31, 1915  9 AGE (In years ost birthday)  TYS.	Months Doys Hours Min
This certificate should be executed within 24 hours after death cate, writing the word 'pending' in pencil in Item 18 Give Pog be forwarded to the Chief Medical Examiner's Office along with be used as a burial-transit permit F le pages lond 2 with the Storemoval, and any event within 72 hours after death.	100 USUA, OCCJPATION (G ve kind of work done during most of working life, even if retired)  10b KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  INDUSTRY N. A. S. A. WEST VIRGINIA	12 CIT ZEN OF WHAT COUNTRY?
ntn 2 ncil iu iiner' iiner' rs of	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
with your hou	JOHN SULLIVAN  15 WAS DECEASED EVER IN U.S. ARMED FORES?  16 SOCIAL SECURITY NO. 17. INFORMANT  Address  Addres	
hould be executed with word pending" in perthe Chief Medical Exorutal-tronsit permit. Fle any event within 72 has	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address of service) 217-10-5932 MRS. KATHERINE SULLIN	
be execute pending" lef Medical nsit permit nt within 7	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound in head with cerebral	ONSET AND DEATH
should be e ne word pen to the Chief A burral-tronsit n any event v	976 × DUE TO GUILBRIOT WOULD IN HEAD WITH CEPEBRAL	
shou e wo the the any	Cond. fions, if ony, which gove (b) laceration and exsanguination	
ficote s fing the rded to as a bi ond in	stoting the underlying couse lost. (c)	
his certifica ate, writing e forworde be used as emovol, onc	PART LOTHER SIGN FOANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a)	19 WAS AUTOPSY
This cert cate, wri be forwo be used removol,	CATIO	PERFORMED?
4 7 2 4	200 EXTERNAL CAUSE WAS PRIMARYXX or CONTRIBUTING Deceased shot self in head  200 DESCR BE HOW INJURY OCCURRED (Enter notice of njury in Port 1 or Port 1 of item 18) Deceased shot self in head	
	20c TIME OF INJURY Month, Doy, Year 20d N.JRY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) 4 town 3-13 1967 of work of work 2 thome Hyattsville	(County) (Stote)  Pr.Geo. Md.
L EX ecut Pag for y R:Pc	21. I certify that I took charge of the remains described above, held an Autopsy 💢 . Inspect on 💢 Inqu	ary ond in my opinio
se exector. Fictor. Fector. Ector for burio	death resulted from: Natural causes , socialent , Suicide , Homicide , Undetermined m	anner 🔲
	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER [	22. DATE SIGNED
O DEPUTY MEDICAL EXAM necessory, please execute if the funeral a rector. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health pror to burio, crema	EXAMINER'S BELDEN REPORT MEDICAL EXAMINER & 3	119/1967
TO DEPL necessor the fun 5 may TO FUNE Health	230 BURIA, (REMATION, BRANCA (Specify) Burial (Specify) March 17, 1967 Ft Lincoln Cemetery Colmar Manor	
VR A15ME	24. FUNERAL DIRECTOR ADDRESS 2SO RECD BY REGISTRAR 25b RE	GISTRAR'S SIGNATURE
6M 1/67	F. Gasch's Sons Hyattsville, Md. MAR 17 1967 200	carles Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03965

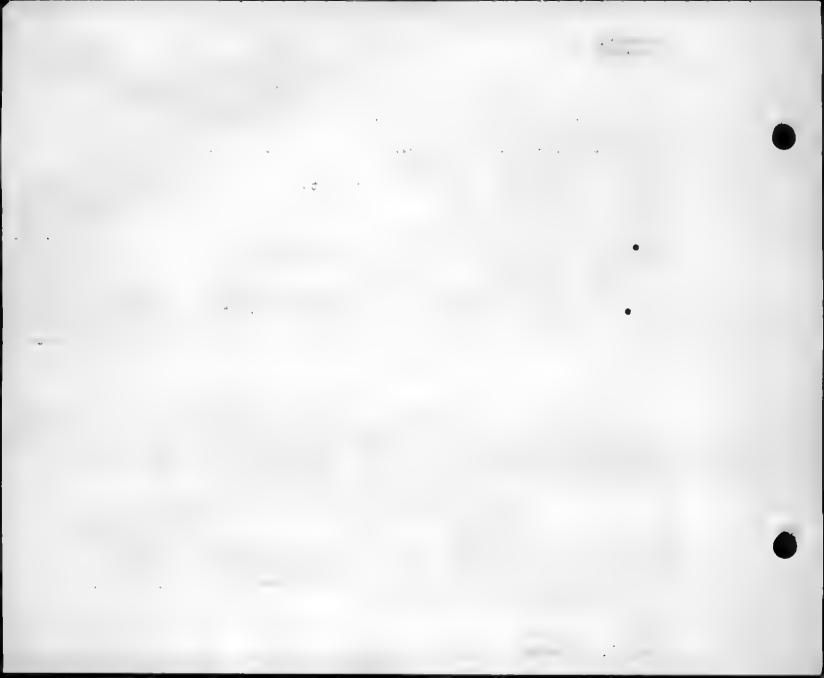
CERTIFICATE OF DEATH

nonca

4							
	I. PLACE OF DEATH O. COUNTY		- CTATE	k cour	ion Residence before admission)		
	Montgomery	MARYLAND	Maryland	Monte	omery		
1	<ul> <li>CTTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>	c LENGTH OF STAY IN 1b	c CITY OR TOWN (IF ou	tside corporate limits, write RUI	RAL and give nearest town)		
	Takoma Park	11 hours	Silver S	pring	15.1		
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
	Washington Sanitarium and		3721 Kay	son Street	YES NO 🔀		
1	3. NAME OF First Bu	<i>Uard</i> Middle	Lost	4 DATE Mont	th Day Year		
١	(Type or print) Mrs. Louise		narton	DEATH March	15 19 67		
1	S SEX 6 COLOR OR RACE 7. MARRIED		B DATE OF BIRTH	9 AGE ( n years lost, birthday)	Months Doys Hours Min		
1	female white WIDOWED		3-6-93	74 yrs.			
1	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR DUSTRY		& State, or foreign country)	12 CITIZEN OF WHAT S.A.		
1		oustry nome	New Yor		America		
1	13. FATHER'S NAME		14 MOTHERS MAIDEN N	IAME			
1	George Bullard		Ida	Myer			
1	(Yes, no, or unknown) (If yes give war or dates of service)	ocial security no.	NFORMANT GeAL Swenar	ton 3721 Kai	son Street		
ı		20-44-4339   X	Rhotokedoteksexek	most Silver Si	orina Md		
١	18. CAUSE OF DEATH (Enter only one couse per time for PART I DEATH WAS CAUSED BY	(a), (b), and (c).)	1	,	INTERVAL BETWEEN ONSEL AND DEATH		
1	IMMEDIATE CAUSE (o)	ralytic !	leus		2 days		
١	57// DUE TO	1.1.			, ,		
1	Conditions, if any, which gave answer to a mmediate cause (a), (b) Colitis						
١	stating the underlying couse DUE TO		1				
1	(c)	O BELLIN BUY NOT BELLIEB TO T	THE TENNENS DICTOR CO.	Difference of the page of the	19 WAS AUTOPSY		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CON	IDITION GIVEN IN PAKE I(0)	PERFORMED?		
1	B Pyelitis	CARGOT HOLD IN HIGH SCOURSES	(r	Por A S P S P S	YES NO		
ı	GR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	tater acture of injury in I	Port I or Port (1 of Item 18.)			
1			E OF INJURY (Home, form		(County) (State)		
1	Hour o.m. While of work	Not While of work	ary, street, office prog., etc.)				
١	21. 1 certify that (I) (th <del>is hospital</del> ) attend	ied the deceased from	October, 1	963, to 15 man	, 19 <u>6</u> 7, that (I) (we) los		
ł	saw the deceased alive an 14 mane	196 /, and that	death accurred at:	5.32/M, from causes			
I	220 SIGNATURE Sensely T. Kin	ilele - MO	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS	22b DATE SIGNED 3-15-67.		
1	22c. PHYSICIAN S		22d. ADDRESS	1. 0 6			
ı	NAME (Type) Seruch J. Kimble		1921 Pers	hing Dr., S. S	)., Md.		
	230 BURIAL, CREMAT ON, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d. LOCATION (City or To			
1	Burieal Mar 17, 1967	Arlington Nat					
	Ja Fineral Director John B. Thomas Thurstones Warner E. Pumpirey, Inc. S.	8434 Georgia F Wer Spring. 1	penne MAK	BY REGISTRAR 1967	GISTRAR'S SIGNATURE		
	Warner? Pumptrey, Inc. S.	LUCK SOLLING. 1	7d DAIL		U V		

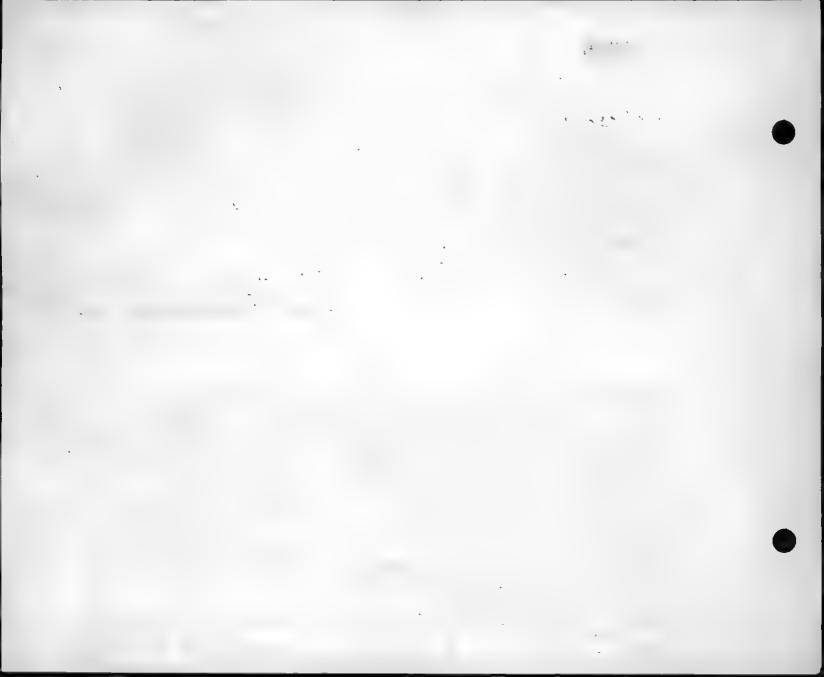
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove serban papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	03966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03965
HEALTH DEPT.	1 PLACE OF DEATH  a. COLNING  MARYLAND  2 USUAL RESIDENCE (Where deceosed ived, if institution Residence of STATE // D, b formatty // D)  MARYLAND	OMERY
oth If dry deloy oges 1, 2, and 3 lith farm PM3 Pag	De CITY OR TOWN (If get ac corporate timits of a length of STAY in 1b) CONTY OR TOWN (If outside corporate I mits write RURA, and give start of the	1571
farm farm ate Dep	a NAME OF HOSP JAL OR INSTRUT ON (If not a hospital, give street oddress) of STREET ADDRESS  Nash, Aan, + Haspital 733 SLIGO ALLE	e IS RESIDENCE ON A FARMS YES NO
fer death I Give Pages and with far the State	3 NAME OF DECEASED MAUDE LOST A DATE OF DEATH 3 MONTH OF SEX. 1 A GOTOR OR RACE / MARRIED NEVER MADRIED NEVER MARRIED IN R. DATE OF RITH 9 AGE (In years ) IF UNDER 1	Doy Year 1967 YEAR F JNDER 24 HRS
n 18 Giv ice along d2 with the	Te (auc widowed Divorced 1 -8-79 88 Worths yrs	Doys Hours Min
I within 24 hours after death in penci in Item 18 Give Pog Examiner's Office along with Fle pages 1 and 2 with the State death.	during most of working the even fret red) Own home Illinois	ZEN OF WHAT
within 24 ni penci in Exominer's Ele pages ! hours oft	The mar casten, Cornelia Haff	
be executed "pending" in inef Med.col Example permit. Fent within 72	15 WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (If yas give wor or dates of service) 4es (Yes, por or unknown) (Yes, por or u	se Md
d be executed d "pending" i Chief Med.col fransit permit.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE (AJSE (o) Asphyxiation due to aspiration of	ONSET AND DEATH
should e war o the ourral-	Conditions, if ony, which gove (b) gastric contents	
ificote tring the rided tring as a cond in	stoting the underlying couse   DUE TO     lost   (c)	The later of marks
	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUT NG TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G VEN IN PART I(o)  20c EXTERNAL CAUSE WAS 20b DESCR BE HOW NURY OCCURRED (Enter noture of intry in Port or Port I of item B) PRIMARY OTO CONTRIBUTING Deceased vomited and aspirated sastric	19 WAS AUTOPSY PERFORMED? YES NO
INER: This is certificate, should be for files. 3 should be to files.	20c EXTERNAL (AUSE WAS PRIMARY Otor (ONTRIBUTING   Deceased vomited and aspirated gastric contents	
L EXAMINER: ecute the cerri Poge 4 should or your files. R: Poge 3 should, cremation, o	20c TME OF NIURY Month Day, Year 2Dd NJURY OCCUPRED 5 20e P.ACE OF IN. URY (Home, form, lover) (Court of Color) 1:00 pm3-24 1967 While of work of work 10	
MEDICAL EXA pleose execute director Poge estained for you DIRECTOR: Pog r to burial, cren	21   certify that I tack charge of the remains described above, held an Autapsy (), Inspection (), Inquiry (), death resulted from Natural causes (), Accident (2), Suicide (), Hamicide (), Undetermined mariner ()	ond in my opinian ]
y MED y pleose all direct retain IL DIRE	ACTUAL SIGNATURE DECELLA ASS STANT MED CA. EXAMINER ASS STANT MED CA. EXAMINER	22. DATE SIGNED
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crema	EXAMINER'S NAME (Type) BELLEV BALLEY	7/1967
the the He	Burnal Mar 27, 1967 Arlington Nat'l Cometery Arlington Virginia	(Kounty) (Stote)
VR A15ME (5) 6M 1/67	Warner E. Pumphrey, Inc. Silver Spring, Nd.	o Judge

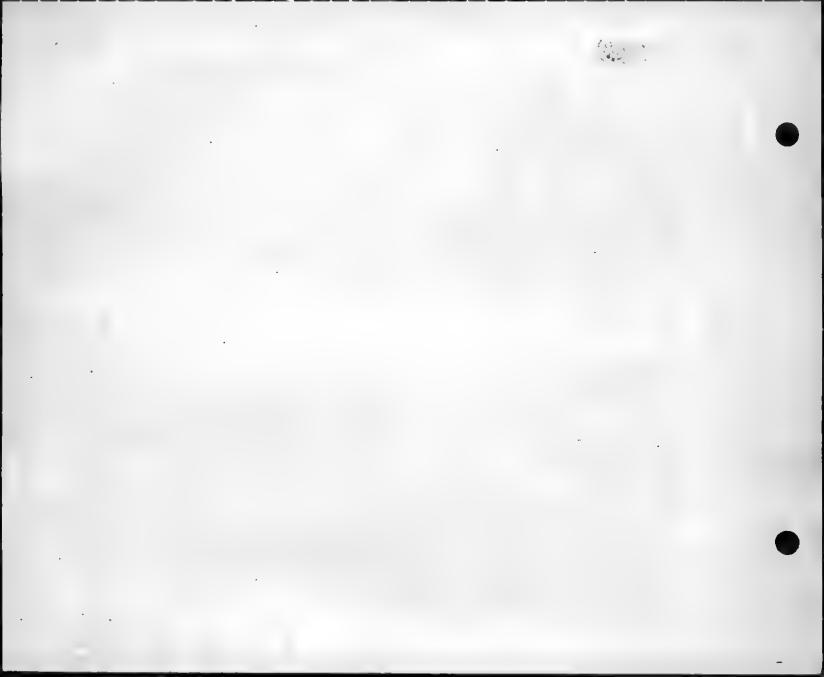
Items 18-21 Film 388 5-10 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203968 03967 CERTIFICATE OF DEATH

The state of the s	_	09301
들 를 했		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
uneral 1 and 1r deat	(	o. COUNTY O. STATE A. A. A. COUNTY A
4- 0	Ь.	MARYLAND MA, MONTY
the ages s aft	1	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
Pa P		wine kund und give neues nevin
- × - E	_	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE
Lin 72 h		1. MARKET OF ROSPITAL OK INSTITUTION (11 not in nospital, give street oddiess)
# P # Q - V		YES NO &
<b>■ 25 = 1</b>	3 1	NAME OF First Middle Lost 4. OATE Month Day Year
remave Carban paper range Carban paper any event within 72	(	DECEASED Margare + Thomas DEATH Michigan 1967
E 7 8	S. 5	
may e		Fe Negre WIDOWED & DIVORCED   May 1885 8 lost berthdoy) Months Doys Hours Min
rem in an		USUAL OCCUPATION (Give kind of work done 10t. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
d is	duri	ng most of working life, even if retired) INDUSTRY
ea an an		Harylana (1.5 A
physician en please aval, and i	13	FATHER'S NAME
2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and addirector, page 3 shauld be detached for use as the burial-transit permit. Then please remainshould be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any		William Bend Hmirah Jehnson
·음·· · · · · · · · · · · · · · · · · ·	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give wor or dotes of service)
a Tit	(16:	s, no, or unknown) (IT yes give wor or dores of service)
and and and and and and and and and and	-	
at is a sit	ш	1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
T SE	ш	IMMEDIATE CAUSE (0) Commany of Cluster Clesco 30 men
signed by the burial-transit burial, cremat		the DUE TO A TO TO
gned urial-l urial,		Cartina item which are a
	ш	use to immediate course (a)
2 6 6 6	ш	storing the underlying couse DUE TO
has been se as the th prior ta	ш	lost. (c) repertenant
우 S 는	l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
P 9 4	PFCATION	The abdomy (PERFORMED?
中当专人	151	Liveratized Withhills Jargo Ventral files TVES INO DE
ficate for us for us Healt	퇸	200 ACCIDENT WAS UNDERLYING   (205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury) Port I or Port II of item 18.)
きゅち	CERTI	OR CONTRIBUTING CLAUSE OF DEATH
e + ÷		(IF EITHER, NOTIFY MEDICAL EXAMINER)
this letac Dep	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. 20f. (City or town) (County) (Stote)
- 유급	뛜	p.m. 19 of work of wor
ffer this certi be detached State Dept. al	H	21. I certify that (1) this hospital) attended the deceased from Dan 14, 19 (4), to Mck 15, 1967, that (1) (we) last
ĕ œ œ	H	
<b>8</b> 8 =		
日長海	ш	226. SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED
<b>₩</b> ~\$		MD. PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR
DIR filed		22c. PATYTELIAN'S 22d ADDRESS .
A P	ш	NAME (Type) EURTON SVILLE, MD.
FUNERAL irectar, par hauld be fi		
a to m	230	BURIAL (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 g 2	,	REMOVAL (Specify)
-	24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4)		Last of the state
20 M 1/66 77	L	Later of recording the mark 23 1901

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



## FOR STATE HEALTH-DEPT.

8

may

EXAMINER. This certificate should be executed "thin 24" wits after death. If any III lay on certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

1/65

PLACE OF DEATH a. COUNTY Montgom ery MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give naarest town)

Bethesda (Rural) c. LENGTH OF STAY IN 1b days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS State hours Naval Hospital NAME DE First Middle Last 52 DECEASED Thomas (Type or print) Richard Shoemaker 2 with within 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED DATE OF BIRTH WIDOWED . DIVORCED | Oct. 13, 1915 Male Cauc. event 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR during most of working life, avan if retired) | INDUSTRY U.S. Navy 13. FATHER'S NAME pages 1 in any Harry Thomas Grace Hock # P 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (Yes, no, or unkown) [(If yes give war or dates of service) permit. 1934-1956 18. CAUSE OF DEATH | Entar only one cause per line for (a), (b), and (c), ] PART I, DEATH WAS CAUSED BY: burial-transit | cremation, or i Cardia arrest-sudden IMMEDIATE CAUSE (8). Conditiona. If env. which geve rise to immediate **DUE TO** ceuse (e), atating the 10 used as a to burlal, underlying cousa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 3 should be agent, prior 2Da. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Pert II of Itam 18.) MEDICAL 20d. INTURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, I 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar fectory, street, office bldg., etc.) Hour e.m. While Not While at work TUNKAN DIMEDTOR: Fige f Health or its designated 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Natural causes | V | Accident Suicide Homicide death resulted from: Page 4 s CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) please ex director. retained f John G. Ball. M. D. Addrass (Straet, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF oţ March 21, 1967Ft. Lincoln Crematory Cremation FUNERAL DIRECTOR Francis Gasch's Softeness VR ALSME (5) Baltimore Ave., Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03968 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Greenbelt e. IS RESIDENCE ON A FARM? 69-K Ridge Road NO X DATE Month 16 67 DEATH March 19 AGE (In yeers | IF UNDER 1 YEAR | FUNDER 24 HRS test birthdey) | Months | Days Hours 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? Chester, Pennsylvania USA 14. MOTHER'S MAIDEN NAME Address Maryland 17. INFORMANT Greenbelt Mrs. Helen G. Thomas. 69K Ridge Road INTERVAL BETWEEN ONSET AND DEATH Extensive lympho carcinomatosis of peritonium

> 23d. LOCATION (City, town or county) (State) Colmar Manor, Md. 25h REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR . warley Judge

IX.

119.

(County)

Inquiry X.

Undetermined manner

WAS AUTOPSY

NO [

(State)

PERFORMED? YES X

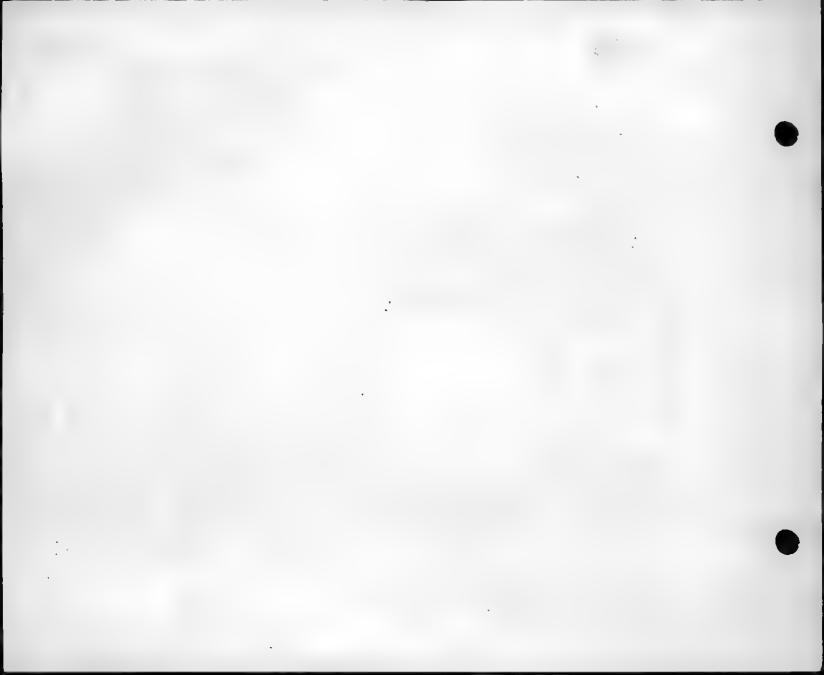
and in my opinion

22. DATE SIGNED

17 March 1967

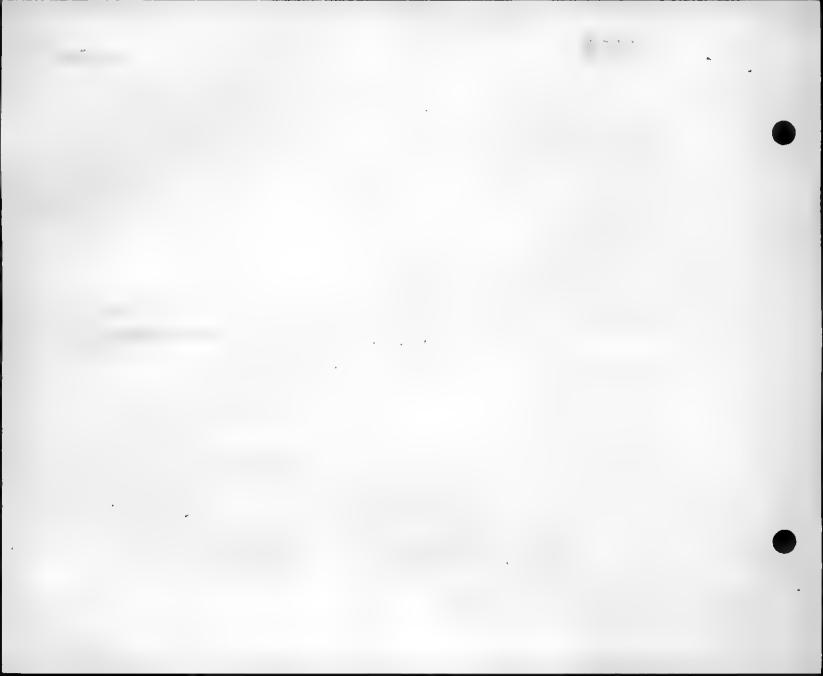
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. 21		03969 CERT	IFICATE OF DEATH	03968
by the funeral  Pages - and  nours affet death	1.	PLACE OF DEATH  C_COUNTY  M  b_CITY OR TOWN H outside corporate imits,   c. LENGTH OF STA	2. USUAL RESIDENCE (Where deceased lived, o. STATE OF ANY IN 1b c CITY OR TOWN (If openide corporate limits	b. COUNTY
in 24 hours offilied in by the papers. Page the 72 hours of	-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS	D C e IS RESIDENCE ON A FARM?
# A B T T		MAME OF Jurst Middle DECEASED (Type or point)	Lost J. DATE  TOLL DEATH	Month Doy Year  3 8 19 67
and compleremove controls only event		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARI	RIED 8. DATE OF BIRTH 9. AGE (In Cost, birth	yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS. thdoy)   Months   Doys   Hours   Min   Yrs.
quires that the death certificate be executed physician. Signed by the attending physician and complet burial-transit permit. Then please remove carburial, cremation, or remayal, and in any event.	du	USJAL OCCUPATION (G ve kind of work done ing most of working life, even if rehired)  FATHER S NAME	11 BIRTHPLACE (County & Stote, or foreign county wance Baltern & M. 14. MOHTER'S MAIDEN NAME	12 (ETIZEN OF WHAT COUNTRY?
eoth certif	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) [IIf yes give wor or dotes of service]	. 1// 2 / /	Address C. V. S. lead
thot the deoth an. by the ottendi ransit permit. cremation, or r	-	IB. CAUSE OF DEATH (Enter only one couse per Interfer (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)	.6	INTERVAL BETWEEN ONSET OND DEATH
equires physici signed buriol-t burial,		Conditions, if only, which gave isse to immediate couse (o).  DUE TO  DUE TO  DUE TO	ina che lydozens	nes 13 rurz.
e fow tending as been os the prior to	· 8	stoting the underlying couse (c) / Sylvacure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PEKTOKMED
ICIAN: 1 pitol or rificote d for us of Healt	CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter nature of injury in Port I or Port II of iter	m 1B.)
iDING PHYS by the host After this cel be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 20d. INJURY OCCURRED While at work at work 12 at work 12 at work 12 at work 12 at work 12 at work 13 at work 12 at work 12 at work 13 at work 12 at work 13 at work 12 at work 13 at work 12 at work 13 at work 14 at work 15 at	20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  ed from 1960 to Mar	. 7
ATTENE etoined CTOR: A should vith the		21. I certify that (I) (this hospital) attended the decease saw the deceased hive on 12000 19 07	ATTENDING MED. STA	causes and an the date stated above
G a ≅ a g		221. PHYSICIAN'S S. I. TABB 1	M.D. PHYS DIRECTOR DPH	it. Sil. A.Md.
Poge 4 may 10 FUNERAL C director, pog shauld be file	23	BREMOVA (SPACIN) 3/10/67 BNA	TEMETERY OR CREMATORY  SEA ELEMATORY  23d. LOCATION (C. STATE OF THE CONTROL OF T	ON HILL. MD.
VR A15 (4)	1	FUNERAL DIRECTOR Deced Heave 72	7-9 Lee DAIR 1 3 1967	SPASSESSES ACHAMIST



STREET, BALTIMORE, MARYLAND 21201 Item #2a, b.c. KAR EXAMINER USUAL RESIDENCE (Where deceosed lived, if institution, Resident PLACE OF DEATH o COUNTY 2, and 3 to PM3 Page delay is MARYLAND le poges Pond 2 with the State Department CLENGTH OF STAY IN 16 b CITY OR TOWN of outside corporate imits, write RURAL and give neggest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 211 hours after death 3 NAME OF €M ddle DATE Year DECEASED 196 (Type or print) 170110 DEATH S SEX 9. AGE (In years IF LNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH NEVER MARRIED lost birthday) Doys Hours any event within 72 hours ofter death. W DOWED DIVORCED 100 USUA. OCCL PATION (G ve kine of work done during most of socking life, even if retired) 12 CITIZEN OF WHAT 106. KIND OF BUS NESS OR COUNTRY? INDUSTRY VIRGINIA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKHOWN a burial-transit permit Fil 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY Bronkagenic Preumin IMMEDIATE CAUSE (o) please execute the certificate, writing the word DUE TO Cardi Voscular Discase 40215 Conditions, if ony, which gove rise to immediate cause (a). .≡ DUE TO stoting the underlying couse and last. 3 shauld be used as 19 WAS AUTOPSY PERFORMED? cremotion, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES TX NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port or Port I of Item 18.) PRIMARY CONTRIBUTING C CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquity X and in my opinion prior to buriol, Natural couses X the funeral director deoth resulted from: Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER \*\* **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMEDERY OR CREMATORY 23d JOCATION (City or Town) 23b DATE THEREOF 230 BUR AL CREMATION. (Stote) 50 FUNERAL DIRECTOR 2Sb VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

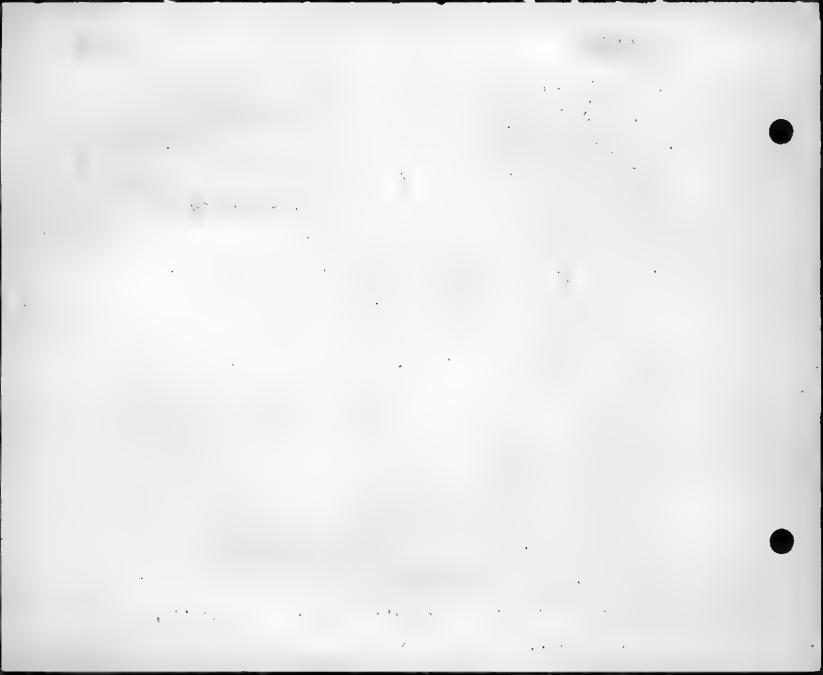


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law mquires that the deally certificate be executed within 24 hours aften Page 4 may be retained by the hospital or attending physician.

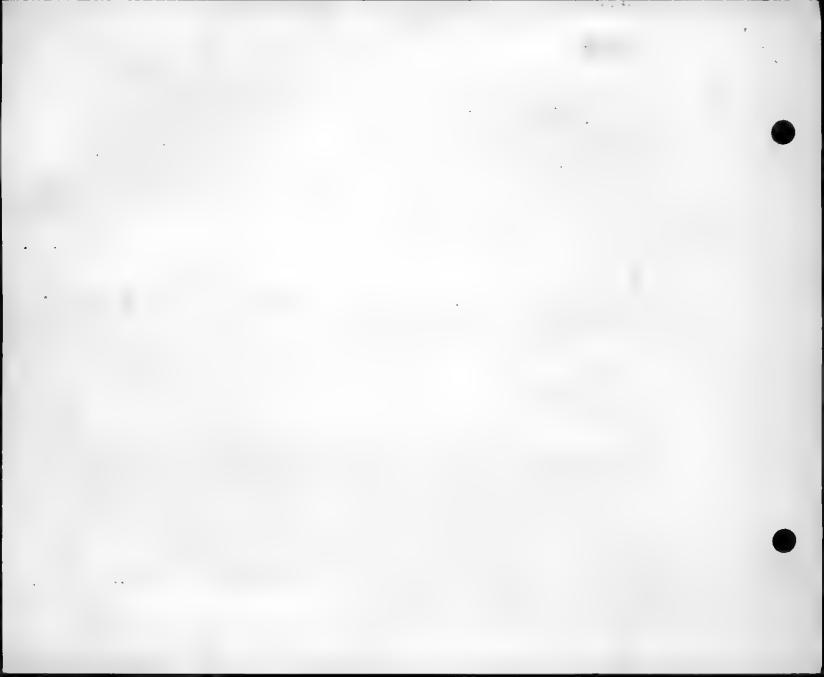
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH
ADDITA

	03971	GERTIFICATI	E UF DEATH	7mah U53	/10
1.	PLACE DE DEATH a. COUNTY	3718 7 90 9 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E (Where deceased lived, If institution: R	esidence before admission)
1	MONTGOMEYY	MARYLAND	a. STATE	b. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)
5,	IVER SPRING	7 DAYS	RAIT I MA	P.E	- ,
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	oltal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
71	4: RLAND NURSING	Home	3652 M	ALDEN AVE	YES NO
3.	NAME OF LENA TO First	Middle	C. O. I. T.	4. DATE Month	Oay Year
1	(Type or print) + AACE   7 MARRIED	12 /	I LE /	DEATH 3 -	196/
73.	7 / MARKIED	NEVER MARRIED	T TT -	last birthday) Months	Days Hours   Min.
10-	T WIDOWED L	DIVORCED	3-227/18	11/167 67 yrs.	INIZEN OF WHAT
qui	ing most of working life, even if retired) IND	D OF BUSINESS OR USTRY	11. BIRT HPLACE (Cou	unty & State, or fereign country)   12. C	DUNTRY?
1	YOUSE WIFE	,etc.	MARYL		4.5.
13.	FATHER'S NAME		14. MOTHER'S MAIOE	EN NAME	
1	JOHN BASSLER		LIENA	BROWN	
	. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SC	CIAL SECURITY NO. 17.	INFORMANT	Address	
,	215	-10-5 930+D	GLORIA L	- MCGOWAY-LA	UREL, MD.
-1	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	. 1		INTERVAL BETWEEN ONSET AND CEATH
	PART I. CEATH WAS CAUSED BY:	neer of the	nouse wit	hmetodoses	
	774X DUE TO		V ,	D.	
	Conditions, if any, which } (b)	5 Janedrastin	ung Y	bones	
	gave rise to immediate ( cause (a), stating the DUE TO				
Н	underlying cause last. (c)				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NGTO DEATH BUTNOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. 0E	SCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury in Part I or Part II of Item 18	.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year   20d. INJ	URY OCCURRED   20e. PLA	CE OF INJURY (Home, far		inty) (State)
MEDICAL	Hour a.m. While	- Not walle	ry, street, office bldg., et	(c.)	
Σ	p.m. 19 at work	at work	March 719	67 to March 14196	Z that (I) (we) last
	21. I certify that (I) (this hospital) attended saw the deceased alive on		death occurred at	M, from the causes and on t	* *
	22a. SIGNATURE	2 13 St. L. and that	death occurred at		ATE SIGNED
	Brown Grabler.	M.0	ATTENDING N	MED. STAFF PHYS. 3	114/67
	22c. PHYSICIAN'S	1 1 1	22d. ADDRESS		
	NAME (Type) BORS	Sprin	1019	uner Bred E	G-X
23a		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	Burial 3/18/67	Sater's Cer	metery	Balto Ca Md	
24		ADDRESS	25a. REC	Balto Co.Md	S SIGNATURE
1	austin E. Donovan 381	P Roland a	M DATER 2	20 1967 Charles	Judge

VR A15 (4) 20M 1/65



I	tems 18&21 Film 388 5-10 MARYLAND STATE DEPARTMENT OF HEALTH	
₹ ,I	DIVISION OF VITAL RECORDS 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
2, and 3 ta PM3. Page HATH PM4.	De CITY OR TOWN (If outside programe mirs, and the companies of the compan	e IS RESIDENCE
th If gas 1, I farm I farm	Howard Johnson motel 11112 Edmonston DE	YES NO
within 24 hmurs ofter death. If any pencil in tem 18. Give Pages 1, 2, xaminer's Office a ong with farm. Plile pages, I and 2 with the State Depondents after death.	MALE WAITE WIDOWED DIVORCED 5-21-23 4/ vis	ays Haurs Mi
within n pencil Examine Examine File pogra 2 hours c	Joseph Udovich Mary Gaspartitch	
executed v ending" in Med.cal Ex t permit. Fil	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) III yes give wor or dates of service)	em 2.
hould be word "pe the Chief triol-transit	The cause of Death (Enter only one cause per line for (a) (b) and (c)	INTERVAL BETWEEN ONSET AND DEATH
0 5 5 .	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND T ON GIVEN IN PART 1'C)	19 WAS AUTOPSY PERFORMED? YES X NO
INER: ne certif should files. 3 should	20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH  20c TIME OF INJURY Manth Day Year Haur a m P m 19 at work at work at work	y) (State)
a Second	21 L certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted from Natural causes , Accident Suicide , Hamicide , Undetermined manner .	and n my apm
o DEPUTY MEDICA necessary, please e. the funerol director 5 may be retained 5 FUNERAL DIRECTOR Health prior to buri	ACTUAL SIGNATURE	22. DATE SIGN
To Fu	230 BURIAL CREMATION, 23b DATE THEREOF 23g NAME OF CEMELERY OR CREMATORY 23d OCATION (CITY OF TOWN) (Co. BENDYALTS) ecity) 3/26 67 amorum Legion Genetery Frances and Mary	land (State)
VR A15ME (5)	La funeral direction Remarker Rotherla Marland MAR 30 1967 Holianles	Judge.



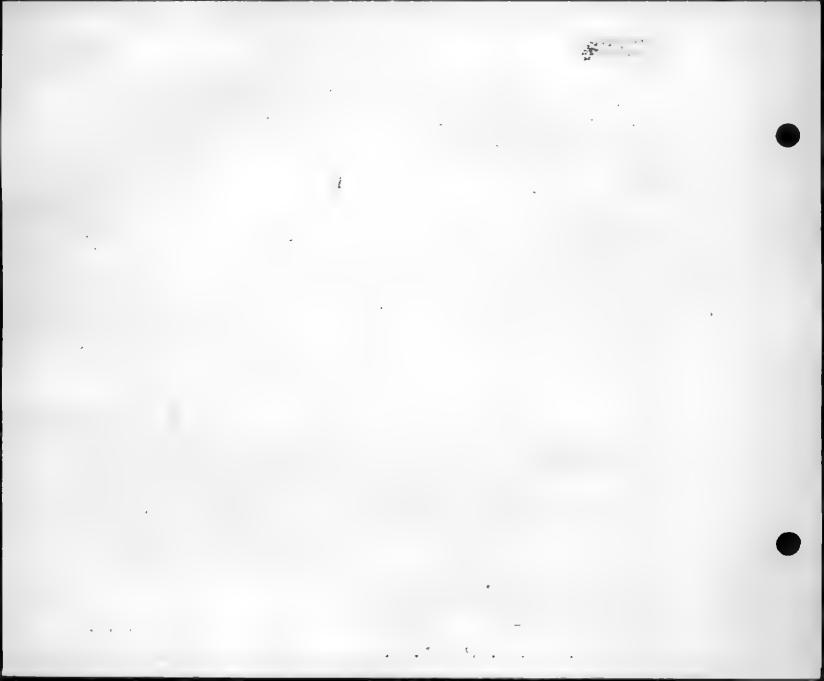
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		03973.	CERTIFICATE	OF DEATH		03972
	1	PLACE OF DEATH  a COUNTY  A CONERS	MARYLAND	MARS/and		KEMERX
	F	b CITY OR TOWN (If ourside corporate limits, ) write RURAL and give nearest town)	24 for 40,000	d STREET ADDRESS	de corporote limits, write RURA	121
7'	<	d NAME OF HOSPITAL OR INSTITUTION (If not in	, , ,	405 DAIT	her St	e IS RESIDENCE ON A FARM? YES NO X
		NAME OF First DECEASED (Type or pnnt)  AUGENA	Middle Middle	LAKHS	4 DATE Month OF DEATH // HKCY	
_	1/2	mak White v	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9-24-99		UNDER 1 YEAR IF UNDER 24 HRS. On this Doys Hours Min.
	duri	JSUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) . fe	IDD. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	e	12 CITIZEN OF WHAT CONTINUES
		FATHER HAW	lman .	14. MOTHER'S MAIDEN NA	(Unknow.	n)
	15 (Ye	WAS DECEASED EVER IN L.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of ser	770	IFFIEDO IV	11+5×11us (De	See Flen 2.
		1B. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).) SUBARACHNOI	D HEMO	RRHAGE	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave his to immediate couse (a),	ARTERIO SEL FRO	0	11	Isense 5 YRS
		stoting the underlying couse last.				
23	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	OF THYROI	7	, ,	19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	20₀ ACC.DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	rt I or Port II of Item 18)	
	MEDICA	20c TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19		CE OF INJURY (Home, form, lary, street, office bldg., etc.)	2Df (City or town)	(County) (State)
		21. 1 certify that (I) (this hospital saw the deceased alive an 111)	1) attended the deceased fram URC(127 1967, and tha	CT, 15, 19 t death accurred at 3	<u>i 40 /</u> M, from couses and	, 19 <u>67,</u> that (I) (we) last I an the date stoted abave.
		226. SIGNATURE Sight G. a	ughe M.	D. PHYS 🗷 D	FD. — STAFF — I a	226. DATE SIGNED 1ARCH 28 1967
1		NAME (Type) Robert G				thesda, mis!
		Burial, CREMATION, 23b. DATE THEREO			23d LOCATION (City or Town) Washington	(County) (Stote)
	24	TOSEPH GAWLER'S SC	one, Ingh DC	ZSo. REC'D B	(V?"/	RAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

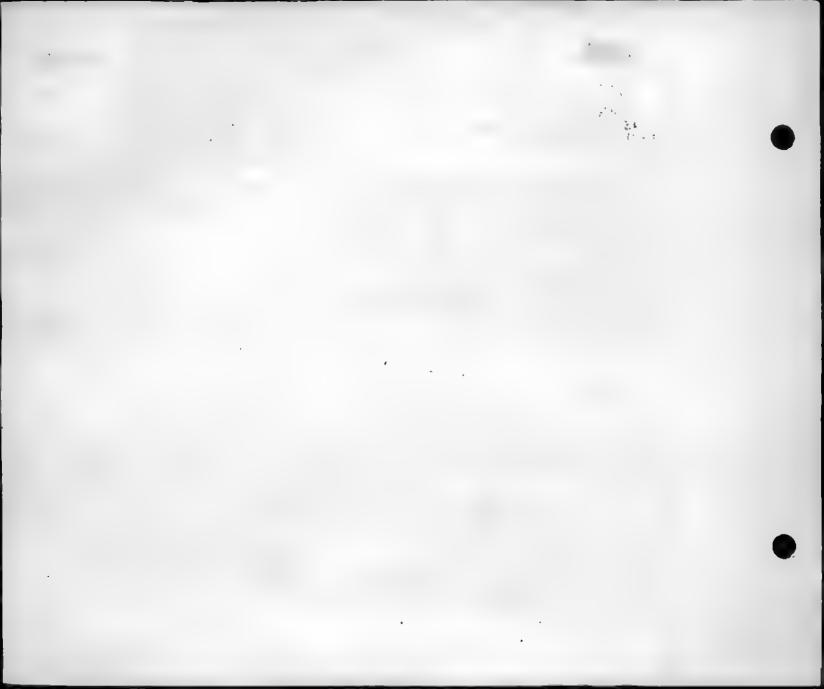
TO NOTIFIED ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		03974			CERTIF	ICATE O	DEATH			กรอ	פלי
		LACE OF DEATH  COUNTY					SUAL RESIDENCE (V	Vhere deceased lived,	if institution Resi	dence before od	lm salon)
		11/0n/201	mery			YLAND	MARI	/land	75	ONTGOY	nery
	٥	Write RIBAL and give ne	corporaté/fimits,	c rei	NGTH OF STAY	IN 16   C. C	TY OR TOWN (II 90)	tside corporote, limits,	write RURAL ond	give neovest for	wn) /
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	ľ	NAME OF HOSPITAL OR IN	(4 './	. "	eer Oudress)	, e. J	(000	Yan dinial	Aug.	YES	N A FARM?
i	3 N	IAME OF	First	RILLM	Middle		Last 1	1. DATE	Month	Day	Year
		ECEASED Type or print)	o pho n	DAI	40	VAI	ahnn	OF DEATH	ARCh	12	1967
	5 5		OR OR RACE 7	MARRIED D	NEVER MARRIE	8. DA	E OF BIRTH	9 AGE (In			UNDER 24 HRS
		Make W	7311	VIDOWED	DIVORCE	MAY	18. 1885	8 last bir	YIS		
	10o. durir	USUAL OCCUPATION (Give keing most obworking life, even	nd of work done	10b, KIND OF INDUSTRY	00		BIRTHPLACE (County &	& Stote, or foreign court	(ry) 12	COUNTRY?	IAT /
		I'LAINTA.		1 1/12	). Tover	Winent		ginia		U	-0'
	10	FATHER'S NAME	1000 1/0	1110610	100	14.	MOTHER'S MAIDEN	in A	115		
		WAS DECEASED EVER IN U.S.			SECURITY NO	17. INFOR	WANT _ /	16 07	Address		1
	(Yes	i, no, or ynknown) (If yes gr	ve war or dates of ser	578-3	2-54	MRS.Ed	Jw Schin	riet C	AbitAl	H13.	Md.
	П	18. CAUSE OF DEATH (Ent. PART I, DEATH WAS (		er line for (), (b)	), gnd (c))			1 .	V	INTERVA	
		IN	MMEDIATE CAUSE (o) _	111	MOLL	nu)	& tube	brithe		264	AND DEATH
	Н	つう ブバ Conditions, if only, which g	DUE TO	Sto	12/1-11	in Soul	u and	made	in the	Innu	a luent
		nise to immediate couse stating the underlying co	(o), ( DUE TO	(1	7 400 6	1	/ /	/ /		9	1
		kist Visit of the land of the	(c)_	Alleca	allyeg	and	cretral	arterun	elevies.	2 lines	7 4/2004
	z l	PART II OTHER SIGNIFICAN	T CONDITIONS CONTR	BUTING TO DEAT	H BJY NOT REI	ATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN PAR	[ 1(o)	19 WA PER	S MUTOPSY FORMED?
	ξğ.			I						YES [	NO €
		200 ACCIDENT WAS UNDERL' OR CONTRIBUTING ☐ CAUSE	OF DEATH	309. DEZCKIRE	HUW INJURY O	(CURRED. (Enter	noture of injury in h	Part Lor Port II of iter	n 18)		
	MEDICAL (	(IF EITHER, NOTIFY MEDICAL I 20c. TIME OF INJURY Mon		20d. INJURY C	CCURRED	20e PLACE OF	INJURY (Home, farm	, 20f (City or	town)	(County)	(Stote)
	SE	Hour 'o.m. p m.	19		Not While at work	foctory, str	eet, office bldg., etc )				
		21. I certify that	(I) (this-hospita			from / Cu	20.1	967, to 142 8 a. M. from	aug 6, 221	9 <u>£</u> 2, that	(I) (sve) lo
		sow the deceased	olive on	3/14	_19 <u>67</u> ,	ond that deo	th occurred ot_	8 a. M. from			tated abov
		220 SIGNATURE	n /4.	Kutile	111		TTENDING A	MED STA	AFF D	DATE SIGNED	2267
		22c PHYSICIAN'S NAME (Type)	Along,	0 1	Mita	he 11	1125 Roc	Wille Pet	6 - Hony	Vville	mil
	230	BURIAL, CREMATION,	23b DATE THESEON	E 22	NAME OF CEM	ETERY OR CREMA		23d LOCATION (C	ity or Town)	(County)	(Stote)
		BREMOYAL (Specify)	3/25/67				CEMETERY	,	GEORGES	( ),	4-
	24.	FUNERAL DIRECTOR OBL				HOME	250 REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	
		1000 011777	ATTO DOLD	OTT TIT I	Tro Martin	SZT BIES	LAMAR S	7 1007	Myand	a. Carda	

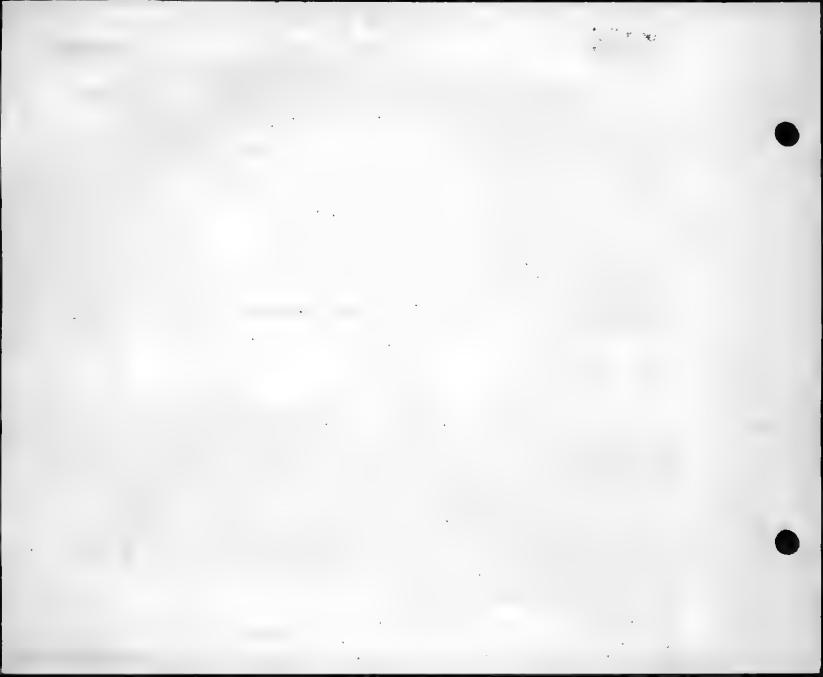


	03975	CERTIFICATE OF DE	ATH	03974		
	1. PLACE OF DEATH O COUNTY MONTGOMERY	g. STATE	SIDENCE (Where deseased lived, if institution b. COUNTY b. COUNTY MODERN (If outside corporate limits, write RURAL	ntaomeru		
	b CITY OR TOWN (If outside disparate mits, write RURAL and give numbers town)  d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address) d. STREET AD	XXXXX Silver Sprin			
	Kensington Garde	Middle Last	8 Cameron Street 4. DATE Manth	YES NO Z		
	DECEASED (Type or print)  S SEX 6 COLOR OR RACE 7 N	C TAYOR WA dFO!	TH 9 AGE (In years LE	FUNDER 1 YEAR   IF UNDER 24 MRS.		
	F W W	DOWED & DOWNS GOOD NOU	20 1886 80 yrs.	anths Days Haurs Min		
	10a USUAL OCCJPATION (Give kind af wark done during most of working life, even if retired) House w: Fe	Own home Fle	ACE (Caunty & State, ar foreign country)	12. CIT ZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME WILLIAM TAYL	CR Grance	S MAIDEN NAME  84 KILGORE  Address			
	(Yes, no or unknown) (If yes give war ar dates at serv	215-547424 Katherin	e Lang Silver Spr	Street ing, Md		
-	IB. CAUSE OF DEATH (Enter any one cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I and (c) (b), and (c) )	monia	ONSET AND DEATH		
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause (b).					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O	DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED (Enter nature o	f injury in Part I ar Part II af item 18.)			
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d INJURY OCCURRED While of wark 20e PLACE OF INJURY (I factory, street, affici		(County) (State)		
	21. 1 certify that (1) (this haspital) attended the deceased from 1967, 1967, ta 1967, that (1) (we) lass sow the deceased alive an 1967 and that death accurred at 1967, from causes and on the date stated above					
	220 SIGNATURE)	Wadler M.D. ATTENDING	1/2 DIRECTOR L.J. PHYS. L.J.	22b. DATE SIGNED 7 1967		
1	22c. PRYSICIAN'S NAME (Type) MAR N	IN WADLER 22d. AD	218 West A	w. Betheday		
	230 BURIAL CREMATION, 235 DATE THEREOF PREMOVAL (Specify)  Drans-burial  March 18	23c. NAME OF CEMETERY OR CREMATORY 1967 Largo Cemeteru	23d LOCATION (City or Town)  Largo, Floride	a		
	Connes Director Connes Shells & Warner E. Pumphrey. Inc	ADDRESS Silver Spring Mo	2MARP 1 6615T 357 254 COSE	TRAP'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deaths.

VR A15 (4) 20 M 1/66

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

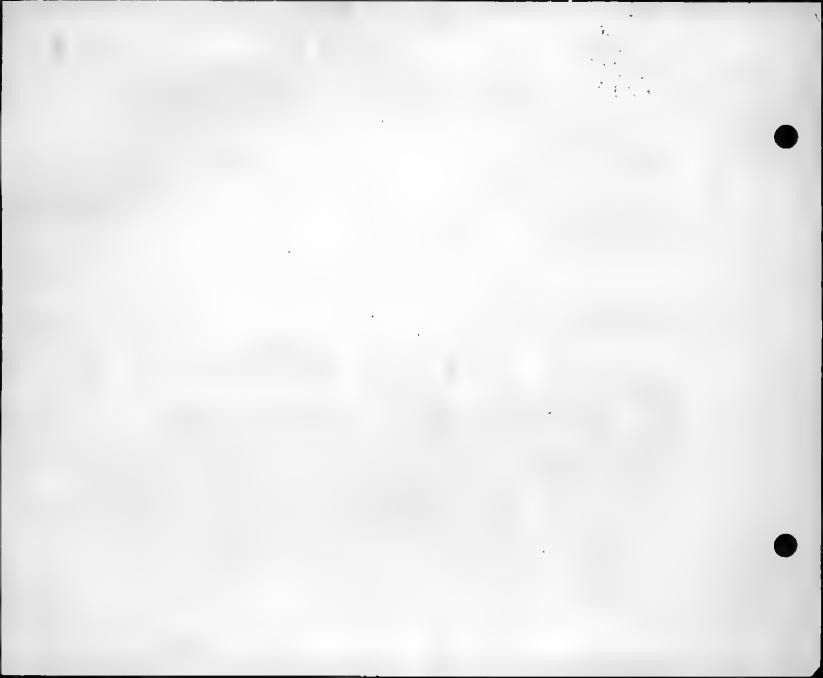


1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
4 FM 4		03976 CERTIFICATE OF DEATH	1975	
after death.	1.	PLACE OF DEATH a. COUNTY  D. CITY OR TOWN (If outside corporate limits, write RURAL and great town)  D. CITY OR TOWN (If outside corporate limits, write RURAL and great town)  2. USUAL RESIDENCE (Where deceased lived, If institution, Residence as STATE  D. COUNTY  D. CITY OR TOWN (If outside corporate limits, write RURAL and great town)	BULLU	
24 hours Tilled in by apers. Page 772 hours	1	d. NAME OF HOSPITAL OR INSTITUTION What to hospital, give street addless of d. STREET ADDRESS  Classification of the control o	e. IS RESIDENCE ON A FARM?	
within the pletery framework the part of the property framework the	3.	NAME OF DECEASED OF First Middle Last 4. OATE Month Oat	1 1.7	
e executed within an and completely for remove carbon p	5,	Type or print)  SEX  G. COLOR OF RACE  7. MARRIEO  NEVER MARRIEO  8. DATE OF BIRTH  9. AGE (in years   FUNDER 1 YEAR  Months   Days	19 6/ RIFUNOER 24 HRS Hours Min.	
2 SS 5	10	WI OOWED OIVORGED Syrs.  OF USUAL OCCUPATION (Five kind of work done Industry) Industry  Industry  OF USUAL OCCUPATION (Five kind of work done Industry) Industry  INDUSTRY  INDUSTRY	OF WHAT	
certificate nding physi . Then ple removal, a	I.	3. EATHER STAME) A Wascuter 14. MOTHER'S MAIDEN MAME (EDITOR Of A Wascuter State)	-/-	
death ce le attendi permit. ion, or re	OY OY	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, NO. pr. dinkown) (If yes give war or dates of service)  Address  Same CS	* along	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  101  101  101  101  101  101  101  1	ERVAL BETWEEN SET AND DEATH	
luires the physical signal signal burial control		Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	,	
tten has as prio	TION	underlying cause last. (c)	. WAS AUTOPSY PERFORMED?	
<u> </u>	CERTIFICATION	YNEUMONIA, CONGROTIVE WAN VALUE (Enter nature of Injury In Part I or Part II of Item 18.)  20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ES NO	
NG PHY by the fter this be deta State De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While Not While at work at work	(State)	
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Sta		21. I certify that (i) (this hospital) attended the deceased from Feb 2 2 1961 to 37 1967, to 37 1967, to 37 1967, and that death occurred at 1967, from the causes and on the date 22a. Signature		
PITAL OR 4 may be ERAL DIRE or, page 3		TOUNS M.D. ATTENDING MEO. STAFF 3 7  22c. PHYSICIAN'S 122d. ADDRESS 0.0 STAFF 3 7	11967	
O HOSPITAL Page 4 may O FUNERAL director, pa	23	33. BURIAL CREMATION   23b. OATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. OCATION (CHY, town or county)	Sh. M.(State)	
ot ot by	<u>A</u>	SUMMAN Specify) 0/11/967 Marke Strove (Surfeta) 11/967 Market Strove (Surfeta) 11/967 Market Strove (Surfeta) 11/967 Market Surfeta) 11/967 Market Strove (Surfeta) 11/967 Market Surfeta) 11/967 Market Surfe	NATURE	
VR A15 (4) 15M 4-64	1	flettur blallers mashingron, D. C. TOARE 1 0 1967 flourles &	udge.	

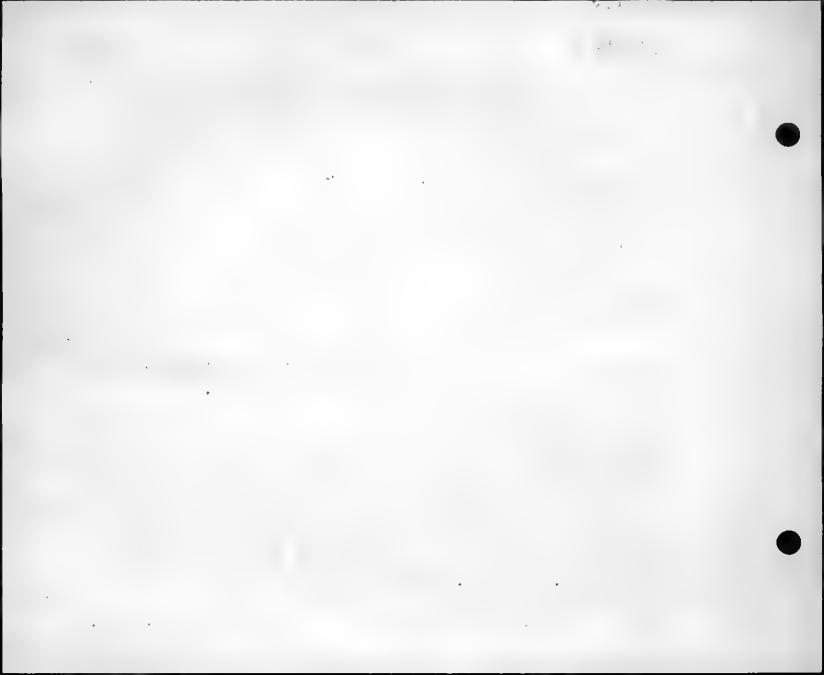


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY b. COUNTY MARYLAND on I Gomer by the t C LENGTH OF STAY IN 16 b. CITY OR TOWN (1f outside carporate limits. c. CITY OR TOWN (If autside carparate Amits, write RURAL and give nearest town) hin 72 hours at write RURAL and give negrest town Weeks e. IS RESIDENCE ON A FARM? .⊑ d. STREET ADDRESS papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) camptetely fi Day NAME OF Middle 4. DATE Month Year Last DECEASED remove carb (Type or print) DHIS DEATH IF UNDER I YEAR AGE (In veors IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Months Days Haurs WIDOWED DIVORCED and in any gud 12. CITIZEN OF WHAT 10a USUA, OCC. PATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)

MERCHAN COUNTRY? INDUSTRY physician Frocerva 13. FATHER S NAME 14. MOTHER'S crematian, ar remaval, attending phys aaman 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, na, ar unknown) (If yes give war ar dates of service) UNKNOW INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter array one couse per line far (a), (b), and (c) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital ar attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse has been be detached far use as the State Dept. af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20g. ACC DENT WAS UNDERLYING □ DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Hame, farm, (State) 20d INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Haur a m factory, street, office bldg, etc.) Not While at work at work 21. I certify that (I) (this bosnital) attended the deceased fram 1964, ta 19.67, and that death accurred at 2.45 PM, from causes and an the date stated above. saw the deceased alive an TO FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE/SIGNED director, page 3 shauld be filed v DIRECTOR M.D. PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City of Town) BURIAL CREMATION. DATE THEREOF (County) (State) REMOVA (Specify) 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



03978 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission) a. COUNTY b. COUNTY > MARYLAND limits, write RURAL and give nearest tawa ENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits, write RURAL and appearest tawn I campletely filled in by the maye carban papers. Paginy event, within 72 haurs IS RESIDENCE ON A FARM? d. STREET ADDRESS nat in hospital, give street address YES □ NO 🔀 Middle (WAT DATE Day Year 3. NAME OF First Manth OF DEATH DECEASED and in any event, Type or print IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR DATE OF BIRTH SEX 7 MARRIED NEVER MARRIED remave last birthday) Hours Manths X WIDOWED DIVORCED physician and 12 CITIZEN OF WHAT 10a, USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) during most at working life even if retired) COUNTRY? ease INDUSTRY 14. MOTHER'S MAJDEN NAM 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, attending phy: permit. Then p 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carcinomatosis veare IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Primary carcinoma of ovary with widespread Conditions, if ony, which gove rise to immediate cause (a). DUE TO abdominal and thoracic metastases. stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta last. PERSORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Broncho-pneumonia 20a ACCIDENT WAS UNDERCYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Hour a.m. Nat While at work ot work 21. I certify that (1) (this hospital) attended the deceased from 1946 director, page 3 shauld shauld be filed with the 19 67, and that death occurred at 10 M, from causes and an the date stated above. saw the deceased olive an 22b. DATE SIGNED 22a, SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Gray Luther NAME (Type) 1302 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) Roseland Park Royal Oak Mich 3-8-1967 remova 2Sa. REC'D BY REGISTRAR REGISTRAR S SIGNATURE ADDRESS 25b **FLINERAL DIRECTOR** DATE 196



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13979

CERTIFICATE OF DEATH

03978

- L	00010			
ľ	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission	m) /
	Montgome	MARYLAND MARYLAND	o. STATE Kentucky b. COUNTY	V
ı	b CITY OR TOWN (If outside corporate i	mits, K. 4ENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
J	write RURAL ond give neorest town) Bethesda	/43/Days	Maysville	
ľ	d NAME OF HOSPITAL OR INSTITUTION (I	if not in hospital, give street address)	d. STREET ADDRESS e IS RESID	ENCE
		r, Bethesda, Md. 20014	400 West 2nd Street YES	NO X
	3. NAME OF DECEASED	First Middle	Lost 4. DATE Month Doy Year	or The Control of the
		artha Louise	Walker DEATH March 10 196	
	S. SEX 6 COLOR OR RACE	421	8 DATE OF BIRTH 9. AGE (In years   IF UNDER ) YEAR IF UNDER   Months   Doys   Hours	Min.
	Female White		2 October 1918   48 yrs	
	100 USUAL OCCUPATION (Give kind of work de	one 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?	
	during most of working life, even if retired) Housewile	THE COLOR	Kentucky USA	
ſ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
L	John	A. Breslin	Martha E. Gaebke	
	15 WAS DECEASED EVER IN U.S. ARMED FORC	tes of service) 16. SOCIAL SECURITY NO 17.	INFORMANT The Medical Records	
1	(Yes, no, or unknown) (If yes give wor or do	293-14-3176 Th	e Clinical Center, Bethesda, Maryland	
f	18. CAUSE OF DEATH (Enter only one	couse per fine for (o), (b), and (c))	intra-abdominal INTERVAL BETT	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAI	USE (6) Rupture of the sp]	een with / hemorrhage 2 days	EATH
		DUE TO		
-	Conditions, if ony, which gave is immediate couse (a).	(b) Chronic Myelocytic	: Leukemia , Blast crisis 4 year	's_
1	stoting the underlying couse	DUE TO		
	lost.	(c)		
	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19 WAS AUTO PERFORM YES 730	OPSY ED?
1	200. ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
1	3 20c. TIME OF INJURY Month, Doy, Yeo			Stote)
1	Hour o.m.	19 White Not While of work of work	ory, street, office bldg , etc )	
1			8 January , 19 67 , to 10 March , 19 67 that (1)	we) lost
1	sow the deceased onve of	10 March 19 67, and the	t death occurred o3:00 M, fram causes and on the date stated	obave.
1	220. SIGNAL RE	10	PM 22b DATE SIGNED	
1	14, Dem 16	Zakernac M.	D. PHYS. I DIRECTOR I PHYS. X11TO METCH 13C	
.	22c. PHYSICIAN'S		22d. ADDRESSThe Clinical Center, National	
	NAME (Type) I Davi	d Goldman, MD	Institutes of Health, Bethesda, Md.	
	230. BURIA., CREMATION, 23b DATE REMOVAL (Specify)	THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (SI	tote)
t	24 FUNERAL DIRECTOR	ADDRESS	2So, REC'D BY REGISTRAR / 2Sb. REGISTRAR'S SIGNATURE	
	HANION FUNCT	14/ Home Ave N	DATMAR 1 5 1967 Charles Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-tronsit permit. Then please remove carden papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the duath certificate be executed within 24 hours after death Page 4 moy be retained by the hospital or ottending physician.

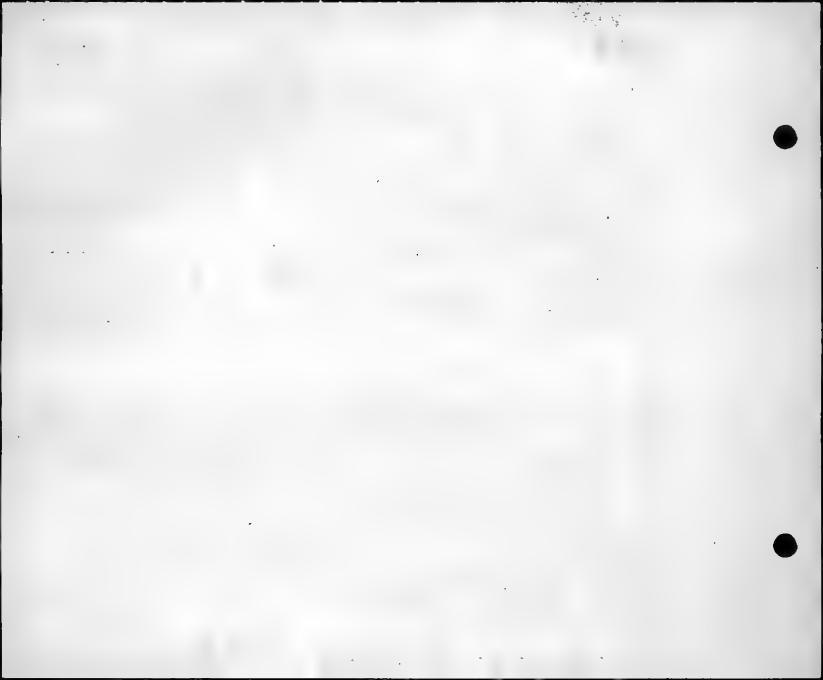


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		03980				CERTI	FICATE	OF	DEATH				039	79_	
		PLACE OF DEATH D. COUNTY Montgom	ery			MAI	RYLAND	2. USI a. S	IAL RESIDENCE (V Maryland	Vhere decease	ed lived, if inst b. C	titution: Reside	ence befare e Geo	admission)	7
	ŀ	b. CITY OR TOWN (I write RURAL and	outside corporate limit dive nearest town)	îts,		NGTH OF STAY		c CITY	OR TOWN (If our Hyattsu	tside corporat					
1	C	I NAME OF HOSPIT	al or institution (if r ton Sanita				l	d. STR	EET ADDRESS	nawha	Street			IS RESIDENC ON A FARM ES NO	2
ì	(	NAME OF DECEASED (Type or print)	Billie	ırst	15	Middle eatric	e	We	last	4. DATE OF DEATH	March		Day	Year 19 <i>6</i>	
٦	Æ. S	sex female	6 COLOR OR RACE white	7. MARR WIDOY	VED 🔀	NEVER MARRI DIVORC			OF BIRTH 28, 1913		AGE (In years last birthday 53 yr	() Months	Days		HRS. Ain
	duri	ng mast of working		e 10	INDUSTR	BUSINESS OR home		L	RTHPLACE (County litginia		eign country)	12. (	CITIZEN OF	WHAT	
		Brent B							OTHER'S MAIDEN N		lu 9L		<u>-</u>		
	IS (Ye	WAS DECEASED EVE s, na, ar unknawn) <b>No</b>	R IN U.S. ARMED FORCES (If yes give war or dates None	? of service)	yes yes	#4P1249	17. 1	nform. seph		<u>rinski</u>	11213 _Kens	ddress 2 Mits inston	cher.	Street	t
			, which gave ) e cause (a),	E (0) C		roma	to al	rdo	chogen.	c	with		Kineu		H enti
. 3	FICATION		GNIFICANT CONDITIONS					_					19 YE	WAS AUTOPS PERFORMED? S NO	U
	GRT	(IF EITHER, NOTIFY	Cause of Death Medical Examiner)						iture of injury in I						
	MEDICAL	Hour a.r p.r	m. 19	\ o1	Od INJURY While I wark	Nat While at work	focts	ory, stree	JURY (Hame, farm t, affice bldg., etc.)		(City or tawn		(ounty)	(Stat	
		21. I certi saw the d	fy that (+) (this ho eceased alive an_	isbital) a	ttended t	ne decease	d fram 🕰 , and tha	deatl	accurred at	2:24 AM	, from caus	es and an	the date	stated a	) las
,			aron H		aren	<u></u>	М.І	2 PH	d ADDRESS	DIRECTOR	STAFF PHYS.	10 mg	rich.	15 196 0, We	/
1	230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b DATE T	HEREOF	230	NAME OF CE			DRY	23d. LO	CATION (City o		(County)	(State	
		. FUNERAL DIRECTO		9 191 200		ADDRESS	on Naz qia Ai		Cemetery 250 RECT 250 RECT 250 RECT	BY REGISTR		PEGISTRAR'S Clay	SIGNATUR	dge.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then pleose remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any grefit, within 72 hours ofter death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
	03981	CERTIFICATE	OF DEATH		03980							
	PLACE OF DEATH O. COUNTY MONTANMERY	MARYLAND	2. USUAL RESIDENCE (Where a STATE Mar / lan	b. COUNTY	residence before admission)							
	b. CITY OR TOWN (It outsign corporate limits/ write RURAL and give nearest town) TOKOMA PORK	c. LENGTH OF STAY IN 16	Silver SA	corporate limits, write RURAL	Land give nearest town							
12	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	give street address) /	New Hamps		rsing Homeon A FARM? YES NO X							
3	NAME OF First DECEASED (Type or print)  Della	(None)	Wall	DATE Month OF Marci	Day Year A 22 1967							
S.	Female White WIDOWE	DIVORCED DIV	DATE OF BIRTH / 2 <b>8</b> /8/	last birthdoy) 86 yrs	IF UNDER 1 YEAR IF JNDER 24 HRS. Months Days Hours Min.							
dur	ing most of working life, even if retired) Retired	KIND OF BUSINESS OR INDUSTRY  EDUCATION	11. BIRTHPLACE (County & State Indiana	a, or foreign country)	12 CITIZEN OF WHAT COUNTRY?.							
	Is iah Wall	costal ercup(TV 10)	14. MOTHER'S MAIDEN NAME Catherin	e Stran:	9 e							
(Ye	is, no, or unknown) (If yes give war or dates of service)	13-40-3559 M	edical record	Andress	e Allentage.							
	1B. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO	of (6), (b), ond (c).)	failue.		NTERVAL BETWEEN ONSTLANDIOTATH OF THE PROPERTY							
	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	Beterami g	Break	Se	nce 1956							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				19. WAS AUTOPSY PERFORMED? YES NO							
CAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (										
AED C	Hour a.m. 19 Wh	le Not While I facto	E OF IN.URY (Home, form, ory, street, office bldg., etc.)	20f (City of town)	(County) (State)							
27 I certify that (1) (this hospital) attended the acceased from the death occurred at 150 M, fram causes and an the date stated above												
	20 STGNATURE  20 PHYSICIAN S  22 PHYSICIAN S	al MD	ATTENDING MED DIRECT 22d ADDRESS	TOR STAFF PHYS.	22b. DATE SIGNED							
	NAME (Type) KAYMOND O. V	VEST										
230	BURIAL CREMATION, 23b DATE THEREOF CREMOVAL (Specify) 3-23-1967	23c NAME OF CEMETERY OR C	Crematory 2	3d LOCATION (City or Town	(County) (State)							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after deat

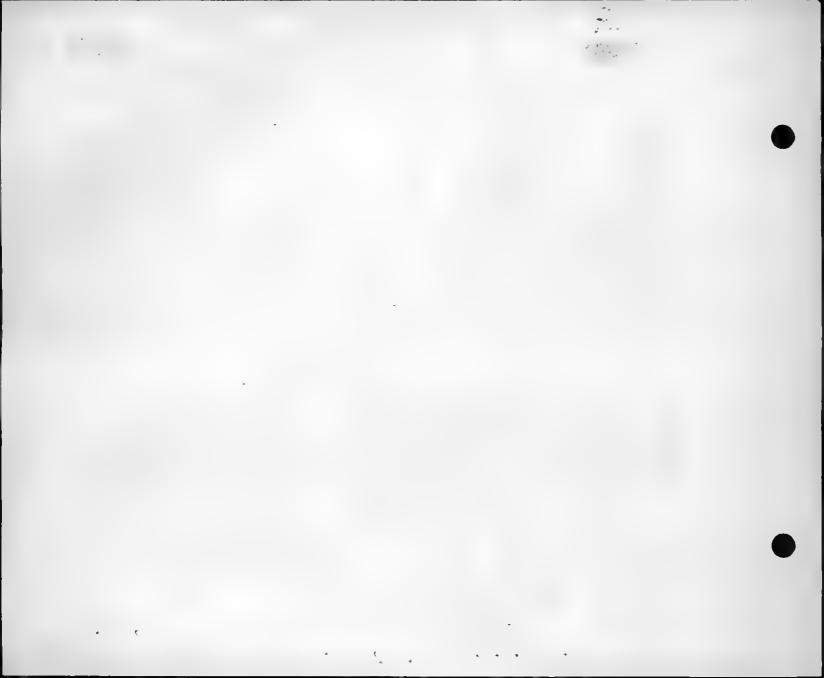
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

Wisc Ave N awl

Cedar ADDRESS

Crematory By REGISTRAN 1 to Landetral Adionature of Me AR 29 1967 gellanles Ju er's S



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

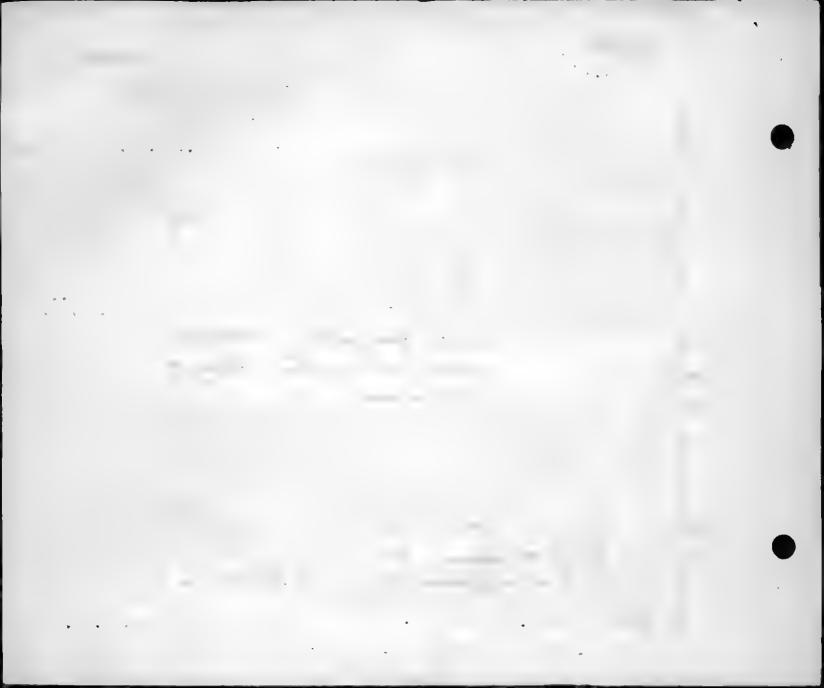
03982 CERTIFICATE OF DEATH

03441

- ' I			The state of the s	£
6		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased ived, if institution Resident	e before odmission)
٩I	Ì.	MONIBOMERY MARYLAND	District of Columbia	/
3		o. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b.	c CITY OR .OWN (If auts de corporate limits write RURAL and give	neorest town)
2		write RURAL ond give neorest town)  Bethesda 10 years	Washington D.C.	*
JΙ	_	Bethesda 10 years  I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS	e IS RESIDENCE
ĴΙ	,	Den Marie Comment	2219 - 39th St., N. W.	ON A FARM?
A		AFOMOY DANITARIUM	2219 - Jyth Ste, Ne We	YES NO 🔀
		NAME OF First Middle	Lost 4 DATE Month	Doy Year
*		DECEASED Type or print) KATHEVINE MARY	WAPLE DEATH MARCH	30 1967
	5 :	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER )	
8		FC WhitE WIDOWED DIVORCED D	MAC/9, 1879 lost buth 34) Manths	Doys Hours Min
Ŧ		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		IZEN OF WHAT
41	duri	ng most of working life, even if retired) INDUSTRY	MARYLAND 2	UNTRY?
N	33	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	. 4
3	A	WILLIAM HENRY Unite	Sarth Benson	
7	15		NFORMANT Neice 936 Madison	St- MIJ
1	(Ye	s, pa, or unknown) (If yes give wor or dotes of service) 577-34-6546	Jessie Witte Washington.	D C
			Jessie Witte Washington,	D. C.
JI		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY	There sae lung	ONSET AND DEATH
2		IMMEDIATE CAUSE (0) Course Congres	mu jourse.	162
4		43.00 DUE TO	7 0 11	
АI		Conditions, if ony, which gove is to immediate couse (a),	role Heart	
1		stoting the underlying couse DUE TO		
5		lost (c)	- /	<u> </u>
2	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
1	∄			PERFORMED? YES NO SC
くし	2	200 ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Part II of item 18)	100 110 250
3	MEDICAL CERTIFICATION	OR CONTRIBUTING  CAUSE OF DEATH	(chies horse of injury in ton . or turn it or heri . o )	
3	AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Total III	
2	50		CE OF INJURY (Home, form, 20f (City or town) (Cou ory, street, office bldg , etc.)	enty) (State)
\$	₹	p.m. 19 of work of work	ory, state, other original and	
4		21. I certify that (1) (this hospital) attended the deceased from	Fan 24 , 1957, to March 30, 196	1, that (I) (we) last
X		saw the deceased alive an 2/30 19.67, and that	deoth accurred at 6 3 PM, fram causes and on the	e date stated abave
ا ر		220 SIGNATUR		ITE SIGNED
J		P.W. Wealow & ME 220 PHYSICIAN'S NAME (Type) S.W. NEALON VR	ATTENDING MED DIRECTOR PHYS D ML	nch 30%
٦		22c PHYSICIAN'S	72d ADDRESS	
3		NAME (Type) S. W. NEALON UR	746 K &T N. W. W.	ask DC
1	230	BURIAL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (State)
8		REMOVAL (Specify)	t Cemetery Washington D	C
3	1/5	FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 250 REGISTRARS S	GNATURE
4		ROBERT A. PUMPHREY. Bethesda, Mar	APR 3 10CT (Claus	es judge
	, C	CODERT W. LOMERKET DECIRESCA MAL	y Larray valt	11 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please permove arbon papers. Pages 1 and should be filed with the State Dept. of Health prior ta buriai, cremation, or removal, and in any event, within 72 haurs after deat



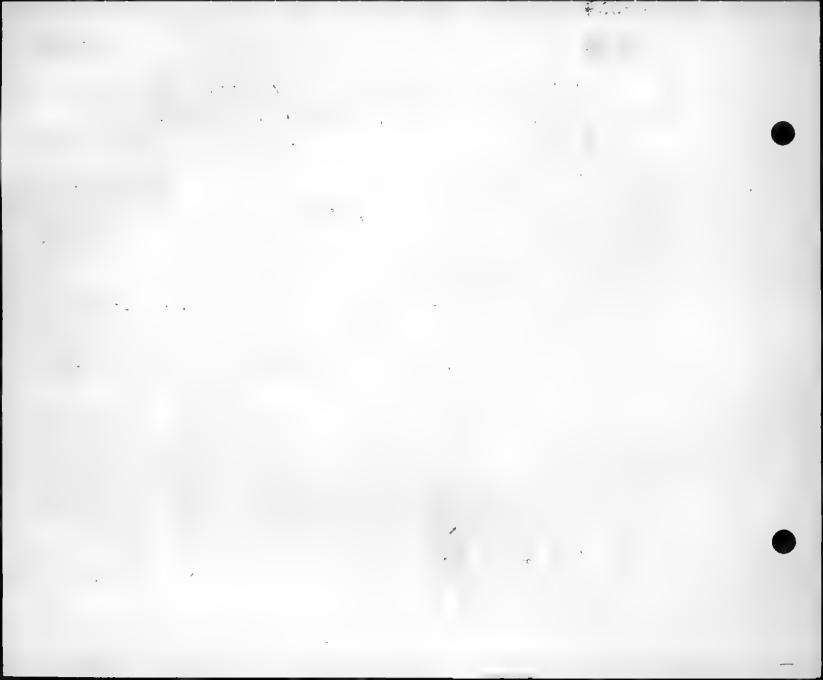
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03983

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03982

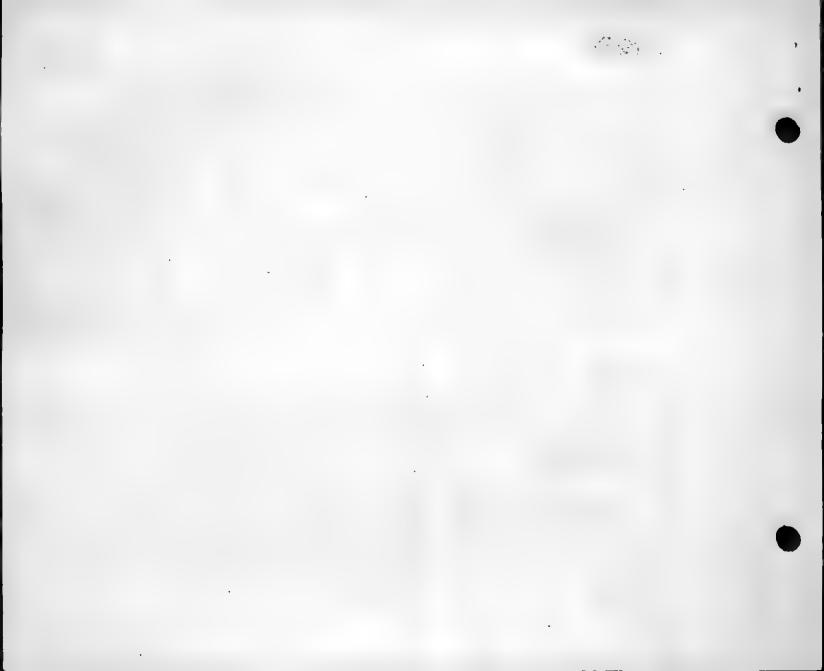
FUR STATE		09909	MEDICAL EXAMINER 3	CERTIFICATE OF DEATH	00000
HEALTH DEPT	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if in	istitution: Residence before odmission)
Page Page		Montgomer	* CA MARYLAND	O. STATE Maryland-	COUNTY Mentgeniery
delay and 3 A3. Po tmen		CITY OR TOWN (If outside corporate limits,	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write	te RuRAL and give nearest tawn)
y delly and PM3. I	R	write RURAL and give neorest town)	7)0015	R) Barnesrill	1
any		NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS	e S RESIDENCE
ges 1, 2, and 3, 1 form PM3. P		Route 109.		Route 109	ON A FARM? YES NO 🔀
5 p ± 5.		NAME OF Fist	Middle	Lost /4. DATE	Month Doy Year
ofter de 8 Give P olong with the		Type or print)	2/d Eugene	11/2016 OF DEATH	march 17 1967
offer a Given	5	The cooper of faller		8 DATE OF BIRTH 9 AGE (In year	
40 - 00		Ma. W.	WIDOWED 🔲 5 VORCED 📶	No45. 1914 lost huthdo	yrs. Months Doys Hours Min.
hours Item 1 Office 1 and 2	10a	US_AL OCCUPATION (Give kind of work done	10b K ND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
r s s	duri	ng most of working life even if ret red)	INDUSTRY	Masyland-	COUNTRY S. A
within 24 pencil in xam ner's ile poges hours ofte	13.	FATHER'S NAME		14. MOTHER S MAIDEN NAME	
d within n pencil Examine File pog 2 hours (		( Ospeles H. U.)	0010	liddee Vosenn	· 大文
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes g ve wor or dates of se	16 SOCIAL SECURITY NO 17	INFORMANT	Address
emecrfed within nding" in pencil Med cal Exam in permit. File pog within 72 hours	(10	no of official and office of set	579-05-7051 0	Sister Elenor Word	Marnesville
shauld be emecred ne word "pending" in the Chef Medical buriol-transit permit.		18/ CAUSE OF DEATH (Enter only one couse p	per line for (o) (b) and (c))		NTERVAL BETWEEN
rd be Chef Chef-transit		PART ( DEATH WAS CAUSED BY , IMMEDIATE CAUSE (o).	Intraction of	Cerebral Vassel	S- 3 and
vord word the Cl riol-tru ny ev		DUE TO			
he wor to the buriol-		Conditions, if any, which gave (b), (b)	Congenilat- c	playect . of blood . Va	35-4- 60/11-
a		stoting the underlying couse DUE TO		•	
certificot writing rwarded rsed as a		lost ) (c)			LIO MUS MITORY
	NO!	PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	9 WAS AUTOPSY PEREDRIMED? YES NO
This cote, be for the remo	CERTIFICATION	200 EXTERNAL CAUSE WAS	DOS DESCRIPT HOW HUMBY DESCRIPTED	ff and facilities the second	
	ERTI	PR MARY Tor CONTRIBUTING T	509 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 1)	8 )
ER: certiff hould lies. shoulk on, or	8	CAUSE OF DEATH  20c T ME OF NJURY Month, Doy, Yeor	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, 20f (City or town	(County) (Stote)
ute the ce ute the ce age 4 shou your files Your files Cremation,	WED (	Hour om.	While Not While foct	ory, street, office bldg., etc.)	(21016)
Ema urte oge yoge Pagg		21 Facestin short facely discussed	at work L	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
ease exect d'rector Po etained far DIRECTOR: to burial,		21. I certify that I taak charge o			Inquity X, and in my apiniar
se e ento ned bur		death resulted from: Natural c	anses 🔼 , Accident 🔲 , Suic	ide, Hamicide, Undetermine	d manner []
d're etai		ACTUAL Com. J.	b. Boll	M.D. ASSISTANT MEDICAL EXAMINER	, 22. DATE SIGNED
nry, p eral c be re be re prior		EXAMINER'S		DEPUTY MEDICAL EXAM NER	3/2/1/2
ecessary, p ne funeral c may be re funeral a		NAME (Type)		Address (Street, city, town, or county)	/~//8/.
necessa the fun 5 may 70 FUNE Health	230	BURIAL, CREMATION, 23b DATE THEREO			or Jown) (County) (Stote)
=		120000	M St. Hary		XI e monty Md
VR ATSME (5)	24	FUNERAL DIRECTOR	ADDRESS //		b. REGISTRAR'S SIGNATURE
6M 1/67	1	Dulle I Man	, Kisnisanie,	MAR 97 1007 6	Menula andra





# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

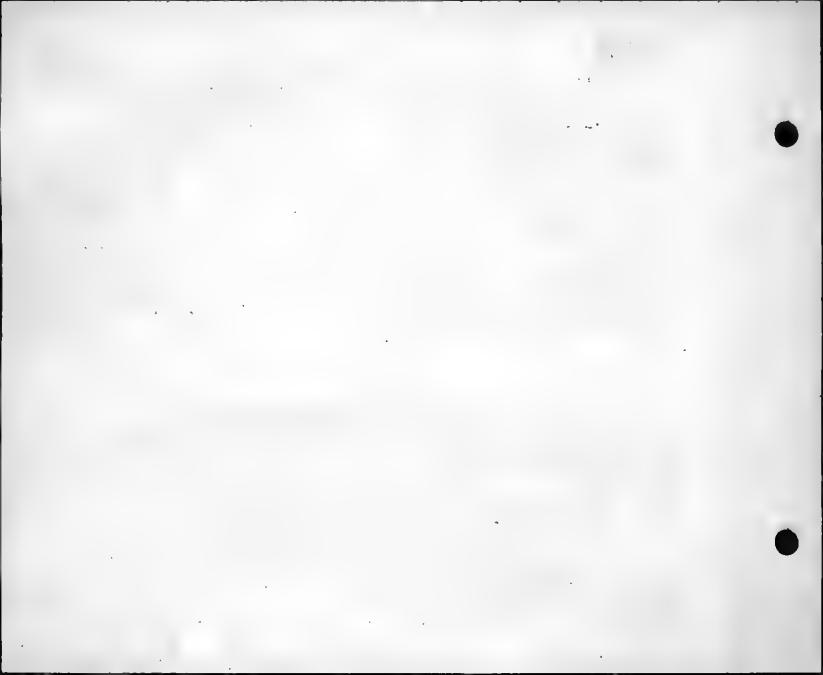
CERTIFICATE OF DEATH 03985 law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived if institut on Residence before drives I PLACE OF DEATH physician ond completely filled in by the funer o. COUNTY CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) ond courses remove torbon popers. d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospito! give street address) YES NO F NAME OF Middle Lost DATE Month Day Year DECEASED (Type or print) OF DEATH Mar. 30 19 6 signed by the ottending physician and complete buriol-transit permit. Then please removerant buriol, cremation, or removal, and in any event, YEAR | IF UNDER 24 HRS. AGE (In years SEX NEVER MARRIED B. DATE OF BIRTH COLOR OR RACE 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED-DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY 10 em 21 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mouris Emanual 0206 (Yes, no, or unknown) (If yes give wor or dates of service) 903986 INTERNAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Entres IMMEDIATE CAUSE (6) be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO tor use os the t f Health prior to t stating the underlying couse this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this-haspital) attended the deceased fram Fee 2.5" 1967 to march 30, 1967, that (1) (well last director, page 3 should should be filed with the , and that death accurred at  $\frac{\mathcal{F}}{2} = \frac{3 \sqrt{F}}{2} M$ , from causes and an the date stated above. saw the deceased alive an Man - 30 1967 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS For Hospital Page 4 may E 22c. PHYSICIAN'S SPRING NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION LOCATION (City or Town) (Stote) DATE THEREOF (County) REMOVAL (Specify) oria PR 3 194 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

1	Division of STATISTICAL	L RESEARCH AND RECORDS, 301	W. PRESION SIKEE!	, BALIIMUKE, MAKTLAI	ND 21201
1	03986	CERTIFICATE			03985
	PLACE OF DEATH     O. COUNTY     ONT GOME      B. CITY OR TOWN (If outside corporate limits,	MARYLAND C LENGTH OF STAY IN 15	O. STATE MARA	ere deceosed lived, if institution b COUNTY de corporate limits, write RURAL	MONTGOMERY
	write RURAL and give neorest town)  d NAME OF HOSPITAL OR INSTITUTION (If not in h.	6 I day lospitol, give street address)	SILVER d. STREET ADDRESS	SPRING	e is residence On a farm?
7		SPITAL		ISS RD.	YES NO K
	3 NAME OF PRIST Sop HIE		WENDT 4	OF 3	Doy Year 2 1967
	200	IARRIED NEVER MARRIED DIVORCED &	rch 8, 1905	Jost birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own home	11 BIRTHPLACE (County & S Wisconsin		2 CTIZEN OF WHAT
	13. FATHER'S NAME  20hn Politoski		14. MOTHER'S MAIDEN NAM		
LILINGE	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, so, or unknown) (If yes give wor at dates at servi	16 SOCIAL SECURITY NO. 17 III 399-14-3480 Pad	nformant tricia Jacoby	2300 Poddess	ina Maryland
LAR.	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (a), (b), and (c).) SuBARACH	Noid Her	Mory hage	INTERVAL BETWEEN ONSET AND DEATH
LCAL	Conditions, if any, which gove tise to immediate cause (a), (b)	Essential	Hy perteuse	<i>571</i>	5 years
Tar.	storing the underlying couse (c) DUE TO				
n br	PART II OTHER SIGNIFICANT CONDITIONS CONTRIL				19 WAS AUTOPSY PERFORMED? YES NO
CAKE	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EYTHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED (			
2	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19	While Not While of work of work	E OF INJURY (Hame, form, pry, street, affice bldg , etc.)	20f. (City ar tawn)	(Caunty) (State)
	21. I certify that (I) (this haspital saw the deceased alive on MA	) attended the deceased from PRCH 2 1967, and that	death occurred at 9:	65 , to MARCH 2 47A M, fram couses on	d on the dote stoted above.
	220. SIGNATURE May B.	herer M.D		ED STAFF PHYS.	22b. DATE SIGNED  3/2/6)
	22c PHYSICIANS NAME (Type) MAX G. S	HERER MD		isHing drive :	Silver Spring, Md
	230 BURIAL, CREMATION, 236 DATE THEREOF Drans-burial March 6.	1967 St. Adalbert		23d LOCATION (City or Town	4 . 7
	24 FUNERAL DIRECTOR Carter College Carter One	in ( with R131 Con pa	2So REC'D B		Januaries Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the ony event, within 72 hours ofter death. Poge 4 may be retained by the hospital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03987 CERTIFICATE OF DEATH buriol, cremotion, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission g. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, LENGTH OF STAY IN 16 limits, write RURAL and give nearest fown) write RURAL and give degres town um antorion e. IS RESIDENCE ON A FARM? d MAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS .0 NO D NAME OF Middle DATE Doy Year First Lost DECEASED WER Type or print) AGE (In years IF UNDER 1 YEAR DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done COUNTRY? during most of warking life, even if retired) INDUSTRY 13 FATHER'S NAME 14. MOTHER SI MAIDEN NAME INFORMANT WAS DECEASED EVER IN W STARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) I(if yes give war or dates of service) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4000 DUE TO PTERINGCLERATIC Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) ottended the deceased fram 17 1964 to saw the deceased alive on 30 MARCH 1967, and that death accurred at 8:30A M, fram causes and on the dote stated above. 22o, SIGNATURE 22b. DATE SIGNED M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) remalion

Page 4 may be retained by the hospital or ottending physician. director, page 3 should should be filed with the TO FUNERAL DIRECTOR: VR A15 (4) 20 M 1/66

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be executed within 24 hours

OR ATTENDING PHYSICIAN: The law requires that the death certificate

completely filled in

physician

signed by the buriol-transit (

has been

this certificate

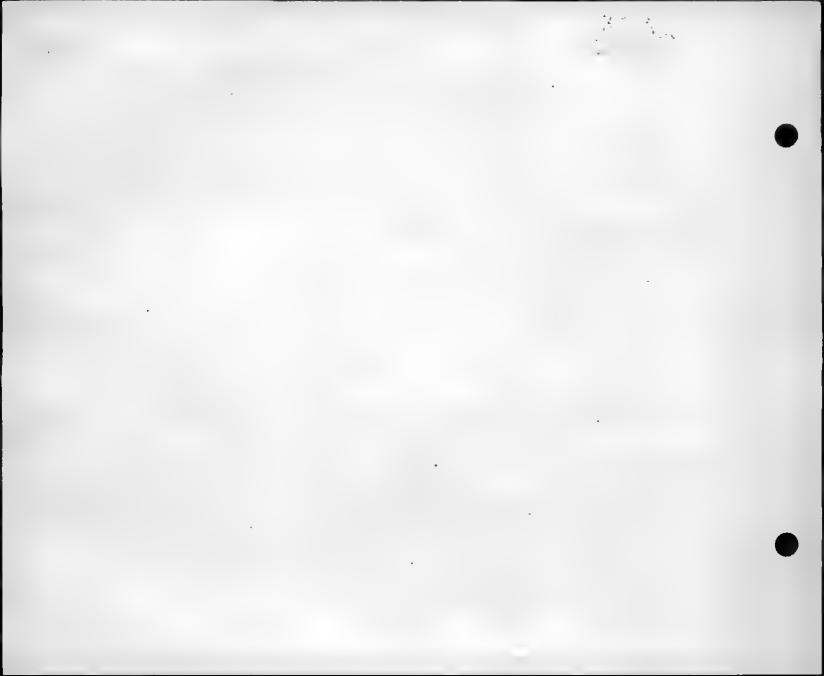
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FUNERAL DIRECTOR

**ADDRESS** 

25o. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

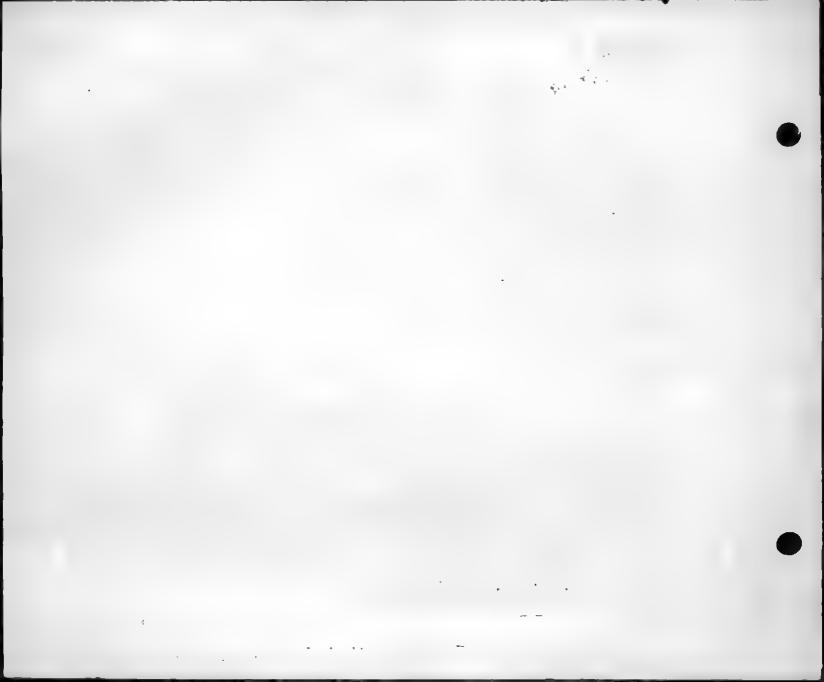


**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Heolth prior to burial, cremotion, or remarch, they in any event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		03988	CERTIFICATE	OF DEATH		03987
	1	// / /	ozery MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Maryland	b. COUNTY TO	nyemny
		b. CITY OR TOWN (If outside corporate whits, write RURAL and give secres towns	3 munchs	c CITY OR TOWN (If Jutside corpor	ote limits, write RURAL and give	e IS RESIDENCE
11		d. NAME OF HOSPITAL OR INSTITUTION (If not in the	and Hespital	Rt #1 B	cr 433	ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	100-Mildred-	Hest GEATH		Doy Year
		female Regrae W	NIDOWED DIVORCED	4/21-1900	9 AGE (in yeors of UNDER Months yrs.	Doys Hours Min.
	أالأكع	JUSUA. OCCUPATION (Give kind of work done ing most of working ite, even it retired).	106 KIND OF BUSINESS OR INDJSTRY	II BIRTHPLACE (County & State, or for		UNTRY?
	13	FATHER'S NAME	L	74. MOTHER'S MAIDEN NAME	Ellard	
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, of unknown) (If yes give war or dotes of serv		Holian West -	5814 34 St.	nu de.
		IB CAUSE OF DEATH (Enter only one couse pe PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	er line for (o), (b), ond (t))			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b)	Di vo abau da u	rouid galana	ritis	
/	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	L CERFIFICATION	20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or Po	rt II of item 18.)	
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	00 /	unty) (Stote)
		21. I certify that (I) (this hospital saw the deceased alive on	nattended the deceased fram 1967, and that	death occurred at	M, fram causes and an t	
		220. SIGNATURE	reflect - M.D		STAFF 22b DA	ATE SIGNED 3/67
1			Mayloth	50W. Edm	onstan. De.	Kockville"
	230	REMOVAL (Specify) 3-6-67	Arlington Nat	ional Cemetery	Arlington, Vir	
	24	John T, Rhines & Compa	any -3015 12th St,.	N. E. DATEMAR 6	1967 25b. REGISTRAR'S SI	es Judge

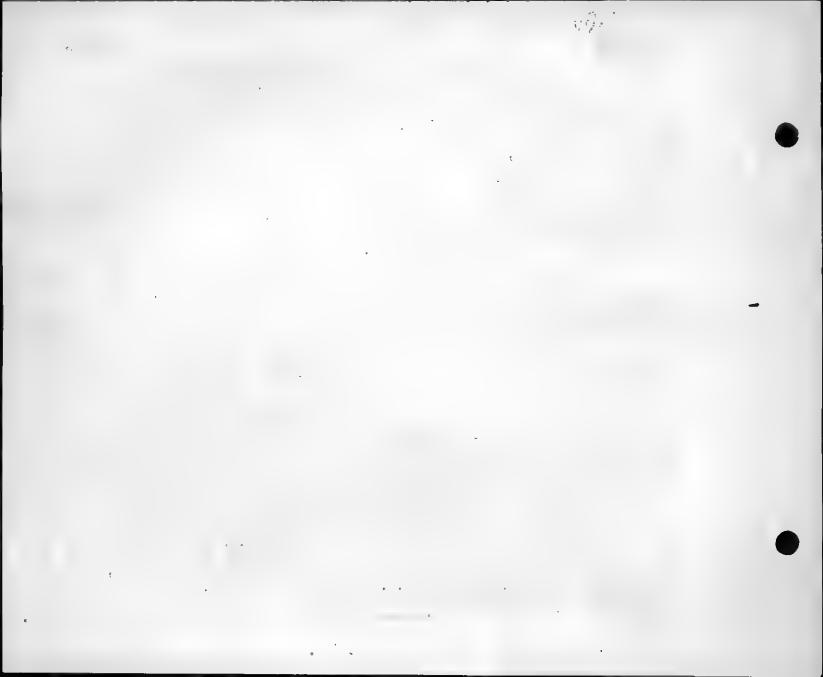


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VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital ar attending physician.

	03989				CERTIF	CATE	OF DEATH	Н				03	988	3	
	PLACE OF DEATH				<del></del> _		2. USUAL RESIDEN	VCE (W	here dec	eosed lived, if ins	titution:	Residen	ce before	odmissi	on) /
	o. COUNTY	Moi	ntgomer	v	MARYI	.AND	o. STATE	ire	inia	b. (	COUNTY	T	air	fax	/
	b. CITY OR TOWN (I	If outside	corporate limit		c. LENGTH OF STAY IN	l lb	c CITY OR TOWN				RURAL				
	write RURAL ond Bethe		rest town)		56 Days		T.O.	rto	173				3, 5	2. 5	9
_			TITUTION (If no	at in hospitol,	give street oddress)		d STREET ADDRESS						e	IS RES	
					sda, Md. 20	0014	7709 L	ort	on F	Road			١ ١	ON A F	ARM? NO 🔀
3.	NAME OF			rst	Middle		Lost		4. DAT		Month	****	Doy	Ye	ar
	DECEASED (Type or print)		Isra	al	McKinle	₽Ψ	Williams		OF DEA	TH Mar	ch		13	19	67
S.	SEX	6. COLO	R OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	1	938	9. AGE (In year	rs IF	UNDER			R 24 HRS.
	Male	Wh:	ite	WIDOWED	DIVORCED		30 Septem			ast birthdoy		onths	Doys	Hours	Min.
	USJAL OCCUPATION				(IND OF BUSINESS OR		11. BIRTHPLACE (Co			r foreign country)			ZEN OF	WHAT	
dur	ng most of working l Manage	lite, even i <b>217</b>	t retired)	0:	NDUSTRY .1. <b>Burner</b> Co		Virgi	nia					UNTRY? SA		
13.	FATHER'S NAME						14. MOTHER'S MAI								
		Bos	ssie Wi	lliams	3		V:	iol	et W	Malters					
15	WAS DECEASED EVE	RINJSA	RMED FORCES?	16	SOCIAL SECURITY NO.	17 1	NFORMANT The	Me	dica	1 Record	dess				
(16	s, no, or unknown) NO	(IT YES GIV	e war or dates o	of service)	lot Availabl	Le	The Clin	ica	1 Ce	enter. Be	ethe	sda	. Ma	rvla	nd
	18. CAUSE OF DE	EATH (Ent	er only one cou	ise per line fo	r (o), (b), and (c))	-							INTE	RVA: BE	WEEN
	PART I. DEAT	TH WAS C	AUSED 8Y: MEDIATE CAUSE	(a) Acu	te Hemorrha	ge r	neumoniti	LS :	righ	t lung			1 ONS	av lav	EATH
	. 4.	****	DUE				·								
	Conditions, if ony,	, which go	ove )	(b) Acu	te Myelogen	ous	Leukemia						3 1	nont	ns
	rise to immediat stating the under			TO											
	lost.		<del>-</del> )	{c}											
z	PART II. OTHER SI	GNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEAS	E CON	DITION G	IVEN IN PART I(o	)		19	WAS AUT	OPSY
ATIO		Pent	ic Ulc	er =	6 months									S X	NO T
HE	200. ACCIDENT WAS	S UNDERLY	ING 🗆		ESCRIBE HOW INJURY OC	CURRED. (	Enter noture of injur	ry in P	ort I or	Port II of item 18	)				
E	OR CONTRIBUTING														
MEDICAL CERTIFICATION	20c TIME OF INJU	JRY Mont	<del>~</del>				E OF INJURY (Home,		201	f, (City or town	1)	(Cou	inty)	1	(Stote)
ME	Hour o.n p.n		19	While of wo	e Not While at work	focto	ory, street, office bldg.	., etc.)							
	21   certif	fv that	(A) (this hos	pitol) atte	nded the deceased	rom 16	January	_, 19	9.67	, to 13 Mar	rch	, 19 6	57, th	ot (M. (	we) los
	saw the de	eceosed	olive on 1	3 Marc	h 1967o	nd thot	death occurred	d ot §	3:00	_M, from cous	ses one	d on th	ne dote	stote	d obove
	22a SIGNATURE	D	. /	110	. // //		ATTENDING _		A M.	STAFF			ATE SIGNE		
		-	mara	N.18	weaken t	2 M.D	PHYS.		DIRECTOR	≥ PHY2			Marc		
	22c. PHYSICIAN'S NAME (Type)		. 3 77		1 16 5					inical (					1
		Dec			aker, M.D.			ıte		Health			sda,	Md.	
230	BURIAL, CREMATIC	ON,	23b. DATE TH		23c. NAME OF CEME					LOCATION (City o			(County)		itote)
-	REMOVAL Specify		3-16-6	-	Prospec	6 HJ				ont Roy					a.
24	FUNERAL DIRECTO	RCU	) agren	Junes	ADDRESS	-	1 6 4 4	REC'D	BY REGI	10C7 2Sb	REGIST	RAR'S SI	GNATURI	tar.	
E	Scott Fr	uner	at Ho	me	Front Roy	al.	Va. Mf	111	T U	1967 /		2	1	0	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		_		03990		CERTI	FICATE	OF DEATH		U	13989	
r death	The state of	1		LACE OF DEATH . COUNTY Montgomery		MAR	LYLAND		Where deceased lived, if Land		nuard	ssion)
urs afte	Pages nurs aftg		b	CITY OR TOWN (If outside tarporate lim write RURAL and give nearest town)	olney	c LENGTH OF STAY	IN 1b	CCITY OR TOWN (IF or Highland	utside corporate limits, w Md •	rite RURAL and gr	1 ,	
24 ha	led in grapers	7		NAME OF HOSPITAL OR INSTITUTION (H Montgomery General				d. STREET ADDRESS Hall Sho	p Rd.		e. IS RE ON A YES	SIDENCE FARM? NO.
withir	arban part, with		- 0	AME OF ECEASED (ype or print)  Alice	First Ce	Middle		Wilson	DEATH	Month Mar.	31 1	
xecuted	A CALL		S. S	Female White	7. MARRIED WIDOWED	NEVER MARRIE  DIVORCE		. date of birth 11-24-86	9. AGE (In y last birth 80	nday) Manths yrs	Doys Haur	
te be e	an and		t0a. durii	USJAL OCCUPATION (Give kind of work dan ig mast of working tite, even if retired) School TRACh & K	e 10b. Ki	ND OF BUSINESS DR DUSTRY EIRED		Maryla		γ) 12. C	CITIZEN OF WHAT COUNTRY?	
certifica	physic hen ple naval, c	4		Allen Peters					Hoffman			
death	rmit. T		īS. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES , no, ar unknown) (If yes give war ar dote:		SOCIAL SECURITY NO. 14-38-816		ontgomery G	en.Hoppital	Address Olne	ey Md.	
g physician.	n signed by the affending physician and coppletely filled in by the Tuneral e burial-transit permit. Then please remove carban papers. Pages I and a burial, crematian, ar removal, and in say event, within 72 haurs afterdeed			Canditians, if any, which gove	ouse per line for						I WEEK	
The law r attendin	has bee se as th th priar t	-	MOIT	PART II. OTHER SIGNIFICANT CONDITIONS	(c)	TO DEATH BUT NOT RI	ELATED TO T	HE TERMINAL DISEASE CO	INDITION GIVEN IN PART	1(a)	19 WAS A PERFO	UTOPSY RMED? NO X
PHYSICIAN: e haspital a			IL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					Part I or Part II of item			(C+-+-)
	tter this cert be detached State Dept. of		MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m.	While of war	k 🔲 atwark 🗀	facto	E OF INJURY (Hame, for ary, street, affice bldg., etc	-)		(00nty)	(State)
OR ATTENDING be retained by the	DIRECTOR: At ye 3 shauld b led with the Si			21. I certify that (I) (this his saw the deceased olive an 22a. SIGNATURE U	- /	ded the deceased	ond that	death accurred o	MED. STALL DIRECTOR DIRECTOR PHY	auses and on	the date state	ted obov
	=	/		22c. PHYSICIAN'S NAME (Type) Dr.Charl		aker	( )	22d. ADDRESS	CITY, MARY			
O HOSPITAL Page 4 may	director, po		230	BURIAL CREMATION, 236. DATE IS BURIAL (Specify)	HEREOF -67		METERY OR O	ks	23d. LOCATION (C)	anid.	(County)	(State)
<b>⊢</b> ι	1	h	24	FUNERAL DIRECTOR	-	ADDRESS	11 077	250 REC	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	

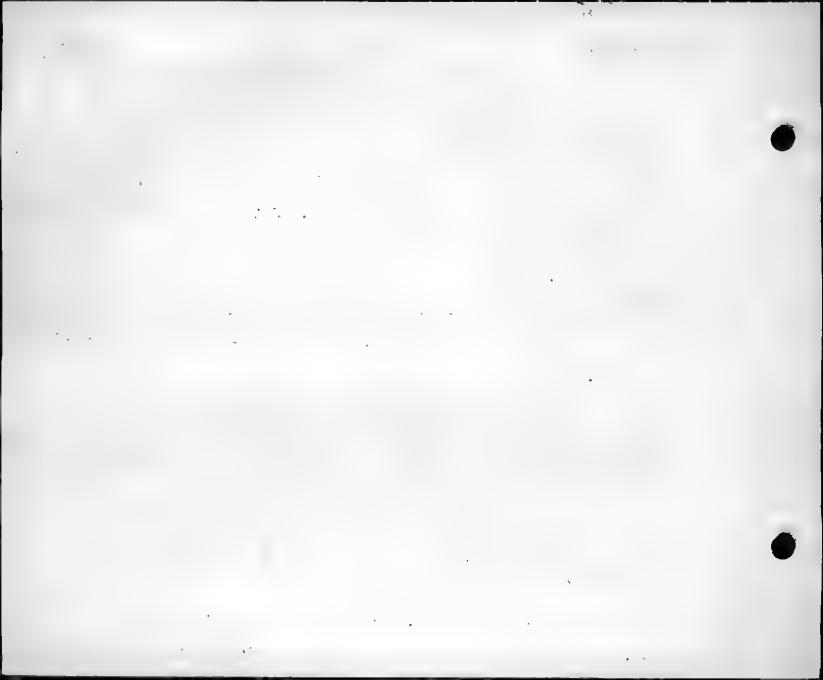


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ IVI		03991	CERTIFICATE	OF DEATH	03990
and deaff	0	PLACE OF DEATH  O. COUNTY MONTGOMERY  D CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney	MARYLAND  C LENGTH OF STAY IN 16	o. STATE Maryland	b COUNTY HOWARD ote limits, write RURAL and give neorest town)
ed in by apers. Po n 72 hour		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, II onto more than the spital of		d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO DE
orbon port, within	3 P	NAME OF First DECEASED (Type or print) Rachael	Middle Ar iell	Vilson 4. DATE  Wilson DEATH	Month Doy Year Mar. 2 167
d cample smove cony ever	S. S	Female White WIDOWED	☐ NEVER MARRIED 🛣 8 ☐ DIVORCED ☐	Aug.23,2875	9 AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS lost buthday) 9 L yrs Months Days Hours Min.
sician on Seose re , ond in	durn		IND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (County & State, or for 11aryland 14. MOTHER'S MAIDEN NAME	oreign country)  12 (TTZEN OF WHAT COUNTRY? USA
g phys		Horace P.Wilson		Mary C.Wil	
ttendin rmit. I n, or rea	TS. (Yes	s, no, grunknown) (If yes give war or dates of service)		MFORMANT eridan Wilson,Th	Address  e Oaks, Ellicott City, Md
physician. signed by the ottending physician ond cample ety-fined in by the fur signed by the ottending physician ond cample ety-fines. Pages I burial, cremotion, or temoval, ond in ony event, within 72 hours after		18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  2.3.2.X DUE TO  Conditions, if any, which gove (b) (b) rise to immediate couse (a),	Cereline &	hombosis	INTERVA BETWIEN ONSEL AND DEATH
ending s been as the rrior to	NOI	stoting the underlying couse   Contribution    PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		HE TERMINAL DISEASE CONDITION GIV	PERFORMED?
spital or ertificate ned for u t. af Heoli	MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part I or Pa	ort II of item 18 )
by the hospi (fter this certi be detached State Dept. a	MEDICA	2Dc. TIME OF INJURY Month Doy, Year 20d. I Hour o.m. 19 White p.m. 19 at wor	Not While focto	E OF INJURY (Home, farm ry, street, office bldg , etc.)	(City or town) (County) (State)
oned by		21. I <b>certify</b> that (I) (this haspital) atten saw the deceased alive an	ded the deceased fram -		ta 3/1, 1967, that (1) (we) lus M <sup>1</sup> from causes and an the date stated abave
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be calculated with the State		220 SIGNATURE Chules S.W.	hirake, M.D	ATTENDING MED. PHYS DIRECTOR  22d. ADDRESS	STAFF 22b. DATE SIGNED
4 moy IERAL I or, pag d be fil		22: PHYSICIAN'S NAME (Type) Dr. Charles Thital		CLARK.	SVILLE, MD.
Poge direct		BURIAL CREMATION, REMOVAL (Specify)  Burial 3-4-1967	23c NAME OF CEMETERY OR C	Н	OCATION (Gity or Town) (County) (State) ighland, Md
VR A15 (4) 25M 1/67		F.C. Higinbothow Ellicott	City Md	DATE MAR 6	1967 Clarles Judel

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 may be retained by the haspital or attending physician.



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #2a,b,c & dCERTIFICATE OF<sup>3</sup>

c. LENGTH OF STAY IN 16

164

MARYLAND

e IS RESIDENCE

2. USUAL RESIDENCE (Where derepsed lived, if institution; Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Marine/Corps/Schools/

d STREET ADDRESS

b. COUNTY

by the funeral Pages 1 and remave carban papers. Pages 1 in any event; within 72 haurs after .⊑ filled campletely fi gug and ar remayal, attending permit. The burial-transıt pern burial, crematian, signed ficate has been s far use as the b i Health priar to b **DIRECTOR:** After this certificate be detached for State Dept. af H director, page 3 shauld shauld be filed with the TO FUNERAL

be executed within 24 haurs after death.

requires that the death certificate

ATTENDING PHYSICIAN: The law

HOSPITAL

03992

Montgomery

Bethesda Naval Hospital

b CITY OR TOWN (If outside comparate limits

write RURAL and give nearest town)

PLACE OF DEATH

o. COUNTY

be retained

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Naval Hospital, Bethesda, Md. Quarters/4702B YES T NO-NAME OF Lost 4. DATE Middle Month Dov Year DECEASED (Type or print) William 19 67 Charles WILSON DEATH March 1 YEAR AGF (In years IF UNDER S SEX IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 36 birthday) Months Dovs Hours DIVORCED Oct 1930 Male Cauc WIDOWED TDo USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U.S. during most of working life, even if retired)
U.S. Marine Corps Military Alabama 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest (n) WILSON Ettalowe WILLIAMS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Quarters 4703B Marine (Yes, no, or unknown) (If yes give wor or dotes of service) 417-32-2082 Mrs. Louise WILSON Corps School Quantico Yes INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LYMPHOSARCOMA IMMEDIATE CAUSE (a) 2001 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES I NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b.-DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER MED.CAL 2Dd INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year Hour am. factory, street, office bldg., etc.) Not While While of work ot work 21. I certify that (t) (this haspital) attended the deceased from 27 Sep saw the deceased glive on 10 March 1967, and that death acc 1966 to 10 Mar , thatxix (we) last :45 M. fram causes and an the date stated above. saw the deceased alive an 100 and that death accurred 220 SIGNATURE DATE SIGNED March 1967 ATTENDING DIRECTOR PHYS PHYS 22d. ADDRESS 22c PHYSICIAN'S D. R. Foreman NAME (Type) M. D. Naval Hospital. Bethesda, Md. 230 BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Arlington National Cemetery Arlington Va. 256 REGISTRAR S. SIGNAFURE 24. FUNERAL DIRECTOR ,250 REC'D BY REGISTRAR 25M 1/67

VR A15 (4)



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. 6		03993			CERTI	FICATE	OF DE	ATH			n	2992	
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ars 2 hg		. NAME OF HOSPITAL	OR INSTITUTION (If no	t in haspital, give	street address)		d STREET AD	DRESS				e IS RE	SIDENCE FARM?
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事 [ ]		NAME OF DECEASED	Fix	st	Middle	/	Last	4	DATE	Mant	/		Year
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cuted ampl	5	SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8	DATE OF BIR	TH COM	. 9	AGE (In years last birthday)	IF UNDER I Manths	Days Haur	S Am
execut and cam remove any ev	-	male	whate	WIDOWED [	DIVORCI	.D 🔲	1-1-	- 77		68 Yrs.		·	
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ond and	4	de we The	t - Silvery	May 1	2181			una				113	4.
a Pasi	13.	FATHER'S NAME		-/			14. MOTHER'S	MAIDEN NAM	E				
cert p pt her nov	L.	A CHANNE	Charl	es Wol	frev		Wilme	onia l	li nni	ck	1		4
£ . E . E	15	WAS DECEASED EVER IN s, no, or unknown) (If	U.S. ARMED FORCES?	16 SOO	CIAL SECURITY NO	17. IN	FORMANT		1.1.	Addre	ss Nach	wille, 1	72d.
ne death cei attending p permit. The ian, ar remo	1,10	yes u	VWI Cir	ma.	-4Z-9990	Th	Will	Lean V.	way	rey - 19	Macil	Ushur o	Sur
t the the a sit pe natia		18 CAUSE OF DEAT	i (Enter only one cou	se per line for (a)	), (b), <b>ond</b> (c)-)			b	0			INTERVAL B ONSET AND	ETWEEN
quires that the physician. signed by the burial-transit burial, cremat		PAKI DEATH I	VÀS CAUSED BY IMMEDIATE CAUSE	(a) 13/2	onchos	meu	morre	a l				ONSET AND	DEALT
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e law r tending ss been as the priarta		lost.	)	(c)								<u> </u>	
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AN: The	STIC	Ur	lerios		us.							YES 🗍	NO [
IAN: tal ar ficate far us f Healt	CERTIFICATION	206 ACCIDENT WAS JN OR CONTRIBUTING	TALISE OF DEATH	205. DESCR	RIBE HOW INJURY	OCCURRED (E	nter noture of	I injury in Port	I or Part I	l of item 1B.)			
rsic aspit certif certif hed it. af	E GE	(IF EITHER, NOTIFY ME	OCAL EXAMINER)										
DING PHYSICIA by the haspital fler this certific be detached fa State Dept. af H	MEDICAL	20c TIME OF INJURY Haur a.m.	Month, Day, Year	20d INJU While =	IRY OCCURRED  Nat While		OF INJURY (F y, street, office		20f. (	(City or town)	(Cou	mty)	(State)
ING by th fter t fter t state	2	p.m.	19	ot wark L	_ at work								
Aft d b d b d b d b d b d b d b d b d b d		21. I certify	that (I) ( <u>this hos</u>	pital) attende	d the deceosed	from	ch 2	6_, 196	2.Z. to.	Max. 2	4, 196	, that (1)	(we)
OR:	Ιİ		osed alive on_/	Mar. 24	19 <i><u>6 /</u>_,</i>	and that	death accu	urred at Z.	<u>/5 P.</u> M,	tram couses			ed abo
OR ATTENE be retained DIRECTOR: A ge 3 shavid led with the		22a. SIGNATURE	2010				ATTENDING	ME ME		STAFF	226. 04	ATE SIGNED	101
DIRECTOR 3		22C PHYSICIAN'S	uf cf il	May		M.D.	PHYS T 22d, ADD		ECTOR L	PHYS. L	11/10	2,251	176,
SPITAL OR ATTENE 4 may be retained VERAL DIRECTOR: A far, page 3 shauld Id be filed with the		NAME (Type)	Louis	RF	ERIVA.	M.D.		46 K	. S7	. N.W.	W	15h.	D.E
	230	BURIAL CREMATION,	23b DATE THI	REOF 1	23c NAME OF CEA	METERY OR CI			23d. LOCA	TION (City or Tov	vn)	(County)	(Stote)
O HOSE Page 4 O FUNE director shauld	12	REMOVAL (Specify)	3-29-		Monoca			7.7		llsvil		' ''	, ,
1/2	24	FUNERAL DIRECTOR			ADDRESS			2Sp. RECID BY			OISTRAR'S		LICE
VR A15 (4) 20 M 1/66		ROBERT A	. PUMPHI	REY, Be	thesda	Mar	yland	MAR 3	REGISTRATE 19	6/	-CONCE	Jan Jan	the.



funeral 2 death after hours within IXIICO E certifinate death PHYTICIANS The law requires that the

and 2 death. and in any

and commetcy filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in retained þe 4 may

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. STATE Maryland MARYLAND b. CLTY OF TOWN (if outside corporate limits, write RURAL and give nearest town) c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 15 Silver Spring d. NAME OF HOSPITAL OF INSTITUTION of not in hospital, give street address d. STREET ADDRESS G.A Dearborn 305 DATE NAME OF Middle Last DECEASED (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED [ 25 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Painter Russia 13. FATHER'S NAME MOTHER'S MAIDEN NAME Nathan Wolin Esther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) Nathan no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), **DEATH WAS CAUSED BY** IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) MEDI Hour a.m. While Not While at work at work p.m. D 19.6 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on 22a. SIGNATURE MED M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S ADDRESS NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. Elesavetarad Cemetery

12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fereign country) COUNTRY? U.S. Address Tulin St INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES | NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 20f. (City or town) (County) M. from the causes and on the date stated above. 22b. DATE SIGNED STAFF PHYS. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 3/13/67 Wash.D.C. 24. FUNERAL DIRECTOR -14th | 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE Bernard Danzansky & Sons St.NW. Wash. D. CoMA

MARYLAND STATE DEPARTMENT OF HEALTH

Montgomery

e. IS RESIDENCE

YES |

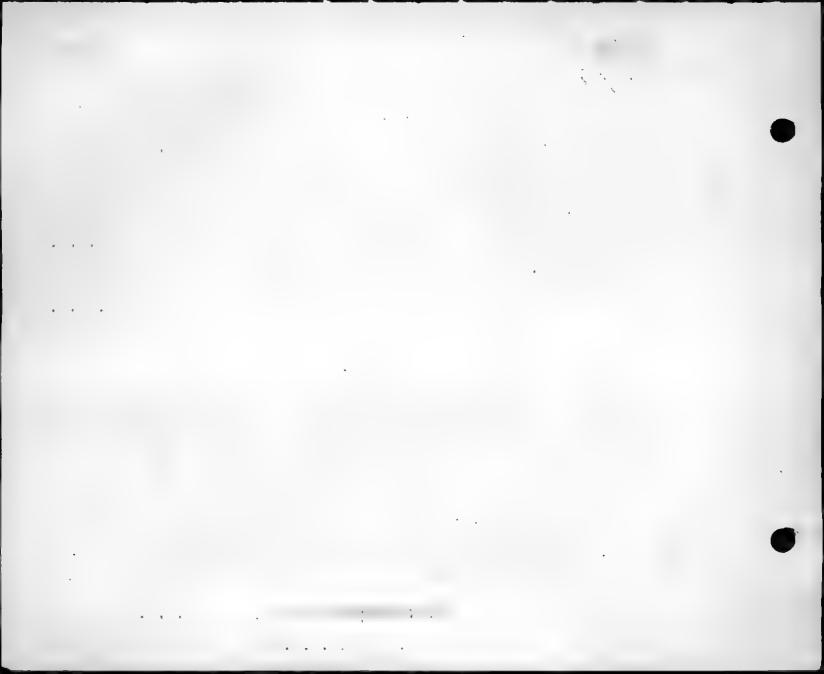
Day

Month

ON A FARM?

Year

NO X



Gredell Mem. Park

Andrew Steel ity (own) county)

DredellCounty. North Carolina

256 TEXESTRAPES AGNATURE

VR A15ME (5)

the

6M 1/67

EXAMINER'S

230. BURIAL TRANSPORT

NAME (Type) 2ELL

DATE THEREOF March 17,1967

Warner E. Pumphrey, Inc. 8434 Ga. Ave.

DB994 "We als are Andrew Association ( at us day to the state of the s the state of the s The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 3 10 di 1 MEDICAL CERTIFICATION

MARYLAND STATE DE	
03996 CERTIFICAT	E OF DEATH 0395
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE / bCOUNTY /
MARYLAND b. CITY OR TOWN (if outside corporate/limits,   c, LENGTH OF STAY IN 1b	c, CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearnst town)	Pahin Jehn 151
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)	d. STREET ADDRESS  On A FARM?
8001. MACHITAUT BLVd	SOOT MACHT HUT BLVd. YES NO Day Year.
NAME DF DECEASED (Type or print)  FLANCES.  Middle	ELLER DEATH 3- 1967
The state of the s	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 KRS.   Months   Days   Hours   Min.
Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
THOUSE WIFE AT ITOME	Distriction Cakurupia
August Wall	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
OA	Ga.Z. Long Same AS, D.D.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
331X DUE TO	anna com
Conditions, if any, which \ (b)	1 1 man Care with
underlying assess less	d'internasclosis with years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULKOT REL	ATED TO THE TERMINAL DISEASE CONDITION GWEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Carlow the transfer was	BRRED. (Enternature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DANES. (Enter nation of injury in various and in them 20.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
p.m. 19   at work   at work	3-1/1- 1920 to 3-18-196 That (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3 - 190, and that	it death occurred at 7 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
22c. PHYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. 1 22d. ADDRESS // Washington
NAME (Type) OV RYLAND	440-47 SINW DC
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL (Specify) 3.22 67 4668 646	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
see tunetal Home 300 that	N.E. DMAR 2 3 1967 June June

VR A15 (4) 15M 4-64 STATE OF THE PARTY